


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90214 001 ****61.25

DOCUMENT # N02000005860

1. Entity Name
OCEAN WALK AT NEW SMYRNA BEACH - BUILDING NO. 5 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**5300 S ATLANTIC AVE
 NEW SMYRNA BEACH, FL 32169**

Mailing Address
**5300 S ATLANTIC AVE
 NEW SMYRNA BEACH, FL 32169**

44044400



2. Principal Place of Business
3506 S. Atlantic Ave.
 Suite, Apt. #, etc.

3. Mailing Address
3506 S. Atlantic Ave
 Suite, Apt. #, etc.

03122004 Chg-NP CR2E037 (10/03)

City & State
New Smyrna Beach, FL

City & State
New Smyrna Beach, FL

Zip Country
32169 USA

Zip Country
32169 USA

4. FEI Number
54-2075077

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAHAM, JESSE E
 369 N NEW YORK AVE
 WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE PD | NAME SILVESTRI, FRANK | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 120 KING STREET W STE 1000 | CITY-ST-ZIP HAMILTON ONTARIO CANADA, | |
| TITLE VD | NAME SILVESTRI, DAN | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 3033 CHIMNEY ROCK RD | CITY-ST-ZIP HOUSTON, TX 77056 | |
| TITLE STD | NAME TRUILLI, GIULIO | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 120 KING STREET W STE 1000 | CITY-ST-ZIP HAMILTON ONTARIO CANADA, | |
| TITLE VPD | NAME CAMPORESE, ROBERT | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 5300 S. ATLANTIC AVE. | CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 | |
| TITLE TD | NAME PHEIGARU, JAMES | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 3033 CHIMNEY ROCK RD. #400 | CITY-ST-ZIP HOUSTON, TX 77056 | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|---|--|--|
| TITLE P | NAME John Tanguay | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 5300 S Atlantic Ave # 5404 | CITY-ST-ZIP NSB, FL 32169 | |
| TITLE D | NAME Carl Fasshauser | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 5300 S. Atlantic Ave # 5201 | CITY-ST-ZIP NSB, FL 32169 | |
| TITLE D | NAME Ronald Marsh | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 5300 S. Atlantic Ave #5407 | CITY-ST-ZIP NSB, FL 32169 | |
| TITLE D | NAME Jim Mulvey | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 201 Springview Court | CITY-ST-ZIP Winter Springs FL 32708 | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4-15-04** Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR