## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005860

FILED Mar 11, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 **Current Mailing Address: New Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 FEI Number: 54-2075077 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TANGYE, JOHN Name: Name: 5300 S. ATLANTIC AVE., #5404 Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: Title: PD () Delete Title: () Change () Addition TOPHAM, LARRY Name: Name: Address: 5300 S. ATLANTIC AVE., #5507 Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: Title: VPD () Delete Title: () Change () Addition MARSH, BUD Name: Name: 5300 S. ATLANTIC AVE., #5407 Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: Title: STD () Delete Title: SD (X) Change ( ) Addition MULVEY, JIM Name: Name: MULVEY, JIM 5300 S ATLANTIC AVE #5304 5300 S ATLANTIC AVE #5304 Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: NEW SMYRNA BEACH, FL 32169 Title: ( ) Delete Title: (X) Change ( ) Addition ELIFRITZ, MARIE Name: Name: ELIFRITZ, MARIE 5300 S ATLANTIC AVE #5603 5300 S ATLANTIC AVE #5603 Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: NEW SMYRNA BEACH, FL 32169 Title: () Delete Title: () Change () Addition SZOVINSKY, LINDA Name: Name: Address: 5300 S ATLANTIC AVE #5501 Address: NEW SMYRNA BEACH, FL 32169 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY TOPHAM PD 03/11/2009