

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90448 026 ****61.25

DOCUMENT # N02000005860
1. Entity Name
**OCEAN WALK AT NEW SMYRNA BEACH - BUILDING NO. 5
CONDOMINIUM ASSOCIATION, INC.**



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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **54-2075077**
Applied For Not Applicable

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



CHECK HERE IF MAKING CHANGES

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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 PB-D <input type="checkbox"/> Delete	NAME SILVESTRI, FRANK
STREET ADDRESS 120 KING STREET W STE 1000	CITY-ST-ZIP HAMILTON ONTARIO CANADA
TITLE VB-D <input type="checkbox"/> Delete	NAME SILVESTRI, DAN
STREET ADDRESS 3033 CHIMNEY ROCK RD	CITY-ST-ZIP HOUSTON TX-77058
TITLE STB-PD <input type="checkbox"/> Delete	NAME TRULLI, GIULIO
STREET ADDRESS 120 KING STREET W STE 1000	CITY-ST-ZIP HAMILTON ONTARIO CANADA
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME ROBERT CAMPORSE
STREET ADDRESS 5300 S. ATLANTIC AVE.	CITY-ST-ZIP New SMYRNA BEACH, FL. 32169
TITLE T/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME JAMES PHEIGARU
STREET ADDRESS 3033 CHIMNEY ROCK RD # 400	CITY-ST-ZIP HOUSTON, TX 77056
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
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: **SIGNATURE PROVICORSE**

4/10/03

CR2E037 (10/02)