

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N06956

1. Entity Name
**OCEAN WALK CONDOMINIUM OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**1010 VONPHISTER ST
#1
KEY WEST, FL 33040**

Mailing Address
**1010 VONPHISTER ST
#1
KEY WEST, FL 33040**



03112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0061628

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WATSON, CELIA
1010 VON PHISTER STREET
KEYWEST, FL 33040**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000859136
04/02/08-80010-003 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MARGOLIN, LAURIE
1010 VON PHISTER ST #1
KEY WEST, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
THOMAS, JOHN B
278 N QUAKER LANE
W HARTFORD, CT**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SCHUMANN, STEPHEN R.
1010 VON PHISTER, #101
KEY WEST, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Stephen R Schumann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen R Schumann Pres 3/11/08 3052926548