2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N96000001320

FILED Jul 26, 2006 Secretary of State

Entity Name: OCEAN WALK ON SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

335 OCEAN DR. MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

ALHAMBRA PROPERTY MANAGEMENT, INC. ALHAMBRA PROPERTY MANAGEMENT, INC. 95 MERRICK WAY, SUITE 500 12378 SW 82 AVENUE CORAL GABLES, FL 33134 PINECREST, FL 33156

FEI Number: 65-0677487 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:

ALHAMBRA PROPERTY MANAGEMENT, INC ALHAMBRA PROPERTY MANAGEMENT, INC 95 MERRICK WAY 12378 SW 82 AVENUE 500 PINECREST, FL 33156 US CORAL GABLES, FL 33134 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: 07/26/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition IRRIZARRY, HERMAN Name: Name:

10801 SW 142 AVE. Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip:

Title: () Delete Title: (X) Change () Addition Name: VILLALBA, DANIEL Name: MUNN, JOHN

Address: 335 OCEAN DRIVE #229 Address:

2370 NE 135 STREET. APT 206 City-St-Zip: MIAMI, FL 33139 City-St-Zip: MIAMI, FL 33181

Title: () Delete Title: () Change () Addition

VINA, RENE Name: Name: P.O. BOX 127371 Address: Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARLENE MARTINEZ PM07/26/2006