5/21

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 10, 2002 8:00 am**
**Secretary of State**
05-21-2002 91132 012 ****61.25

DOCUMENT # N99000002770

1. Entity Name

OCEAN WALK AT NEW SMYRNA BEACH PHASE I CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2800 S. ATLANTIC AVENUE<br>NEW SMYRNA BEACH FL 32169 | 2800 S. ATLANTIC AVENUE<br>NEW SMYRNA BEACH FL 32169 |

DO NOT WRITE IN THIS SPACE

| 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 59-3650347 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CLARK, SCOTT D<br>369 N. NEW YORK AVE.<br>WINTER PARK FL 32789 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

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

**FILE NOW: FEE IS $61.25**

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

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>SILVESTRI, FRANK<br>120 KING STREET WEST STE. 1000<br>HAMILTON, ONTARIO, CANADA | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President D<br>Doris Lukomski<br>5300 S. Atlantic Ave #1402<br>New Smyrna Beach, FL 32169 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>SILVESTRI, DAN<br>3033 CHIMNEY ROCK ROAD<br>HOUSTON TX 77056 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~Secretary~~ TREASURER D<br>mary Jo Dunaway<br>2380 Lorrie Dr.<br>Orange Park, FL 32073 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>TRULLI, GIULIO<br>120 KING STREET WEST STE. 1000<br>HAMILTON, ONTARIO, CANADA | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~V. Pres~~ SECRETARY D<br>Janice Birdsall<br>5300 S. Atlantic Ave #1307<br>New Smyrna Beach, FL 32169 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Janice Birdsall 04/11/02 386-427-5815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #