2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

DOCUMENT# N99000002770

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

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3650347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: GIBSON, LYNN
Address: 1511 JILL JENEE LN
City-St-Zip: LONGWOOD, FL 32779

Title: VPD ( ) Delete
Name: WILSON, BARBARA
Address: 5300 S ATLANTIC AVE 1504
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD ( ) Delete
Name: KILBURN, THOMAS J
Address: 796 NEW HOPE RD
City-St-Zip: FAYETTEVILLE, GA 30214

Title: D ( ) Delete
Name: SHOCKEY, DEBI
Address: 7152 OLD LANTERN DR
City-St-Zip: CALEDONIA, MI 49316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GIBSON, LYNN
Address: 511 NEWHALL LN
City-St-Zip: DEBARY, FL 32713

Title: VPD (X) Change ( ) Addition
Name: WILSON, BARBARA
Address: 5300 S ATLANTIC AVE #1504
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD (X) Change ( ) Addition
Name: THOMAS, JIM
Address: 5300 S ATLANTIC AVE #1507
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD (X) Change ( ) Addition
Name: SHOCKEY, DEBI
Address: 7152 OLD LANTERN DR
City-St-Zip: CALEDONIA, MI 49316

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: LYNN GIBSON PD 03/19/2007

Electronic Signature of Signing Officer or Director — Date