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

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90235 035 ****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 NEW SMYRNA BEACH FL 32169	2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2180 W SR 434	
Suite, Apt. #, etc.: SUITE 5000	Suite, Apt. #, etc.
City & State: LONGWOOD FL	City & State
Zip: 32779-5044 Country: US	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
HART, JAMES W JR. SENTRY MANAGEMENT INC 2180 W SR 434, SUITE 5000 LONGWOOD FL 32779-5044	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 _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUKOMSKI, DOLORIS 5300 S ATLANTIC AVE #1402 NEW SMYRNA BEACH FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUKOMSKI, DOLORES 5300 S. ATLANTIC AVE #1402 New Smyrna Beach, FL 32169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DUNAWAY, MARY JO 2380 LORRLE DRIVE ORANGE PARK FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILSON, BARBARA 5300 S ATLANTIC AVE #1504 NEW SMYRNA BEACH FL 32169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BIRDEATI, JANICE 5300 S ATLANTIC AVE #1307 MIAMI FL 33169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GIBSON, LYNN 1511 JILL JENEE LN LONGWOOD FL 32779	☐ 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 (10/02)

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: Dolores Lukomski REQUIRED 4-3-03