

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/28/00-90025-009-\$61.25-\$61.25

**DOCUMENT # N99000006174**

1. Entity Name

**OCEAN WALK VILLAS CONDOMINIUM ASSOCIATION, INC.**

**FILED**

**00 MAR 24 PM 12:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
**C/O PAC LAND DEVELOPMENT  
730 BONNIE BRAE ST.  
WINTER PARK FL 32789**



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 **59-3609903**  Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CAVANAUGH, THOMAS L  
C/O PAC LAND DEVELOPMENT  
730 BONNIE BRAE ST.  
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ (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

TITLE	<b>PVST</b>	<input type="checkbox"/> Delete
NAME	<b>CAVANAUGH, THOMAS L</b>	
STREET ADDRESS	<b>730 BONNIE BRAE ST.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAVANAUGH, THOMAS L</b>	
STREET ADDRESS	<b>730 BONNIE BRAE ST.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROSSINI, REGINA</b>	
STREET ADDRESS	<b>730 BONNIE BRAE ST.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>D'AMICO, FRANK</b>	
STREET ADDRESS	<b>730 BONNIE BRAE ST.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

**KE**

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 817, 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: **SIGNATURE REQUIRED**      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_