2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with as

SIGNATURE:

## Feb 02, 2004 08:00 AM Secretary of State DOCUMENT # N99000006174 1. Entity Name OCEAN WALK VILLAS CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address 1900 OCEAN WALK LANE 1702 CORDOVA RD. #Z FT. LAUDERDLE FL 33062 LAUDERDALE BY THE SEAN FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3609903 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NUNES, STEVEN Street Address (P.O. Box Number is Not Acceptable) 2002 OCEAN WALK TERR, #200 POMPANO BEACH FL 33062 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 little if applicable, (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution, Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TOLE ☐ Delete TETE ☐ Change ☐ Addition MANERA, ERNEST MAME NAME U00000025325 1900 OCEAN WALK LANE, #105 STREET ADDRESS STREET ADDRESS 02/02/04-80102-007 61.25 LAUDERDALE BY THE SEA FL 33062 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete 33313 ☐ Change Addition NUNES, STEVEN NAME NAME 1900 OCEANWALK LANE, #200 STREET ADDRESS STREET ADDRESS LAUDERDALE BY THE SEA FL 33062 CITY - ST - ZIP CITY-ST-ZIP PD TITLE Delete TITLE Change Addition Addition HINK, GAIL MAME NAME 2002 OCEAN WALK LANE #202 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP City - St - 712 TITLE ☐ Delete THE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZAP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP THE ☐ Defete BILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY - ST - ZIP 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 of truesfee empowered to effective this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED