2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N99000006174 1. Entity Name 02-09-2005 90049 014 ****61.25 OCEAN WALK VILLAS CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 1900 OCEAN WALK LANE 1702 CORDOVA RD. 20012238 FT. LAUDERDLE FL 33062 LAUDERDALE BY THE SEAM FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-3609903 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) NUNES, STEVEN 2002 OCEAN WALK TERR, #200 POMPANO BEACH FL 33062 1-900 OceanWAlk LANE #125 Zip Code 3 3 06 2 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 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, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. SD PID TITLE Delete TITLE JOHN CENTER MANERA, ERNEST 1900 OceANWA/4LANC#123 1900 OCEAN WALK LANE, #105 STREET ADDRESS STREET ADDRESS Pomparo Beach, M 3306.2 LAUDERDALE BY THE SEA FL 33062 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE Delete NUNES, STEVEN Joseph SA12:110 NAME NAME 1900 OCEANWALK LANE, #200 1900 oceannalk Lane # 129 STREET ADDRESS STREET ADDRESS LAUDERDALE BY THE SEA FL 33062 CITY-ST-ZIP CITY-ST-ZIP Pompano Beach FL 33062 SIN Change Addition SANORA HAGENOURF 1900 OCCHNWAIK LANCE # 125 Delete TITLE TITLE NAME HINK, GAIL NAME 2002 OCEAN WALK LANE #202 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-7IP Pompano Beach PL 33062 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZiP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 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.

FILED

Feb 09, 2005 8:00 am