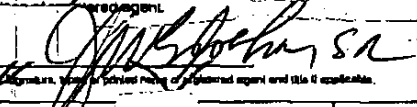


FILED
Jun 07, 2004 8:00 am
Secretary of State

05-04-2004 90199 047 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N00000004732			
1. Entity Name OCEAN WALK AT NEW SMYRNA BEACH MASTER ASSOCIATION, INC.			
Principal Place of Business 5300 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169		Mailing Address 5300 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169	
2. Principal Place of Business 3500 S. Atlantic Ave Suite, Apt. #, etc.		3. Mailing Address 3500 S. Atlantic Ave Suite, Apt. #, etc.	
City & State NSB FL		City & State NSB FL	
Zip 32169	Country USA	Zip 32169	Country USA
4. FEI Number 59-3671841		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, SCOTT D 369 N. NEW YORK AVENUE WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name JESSE E. SR. GRATHAM Street Address (P.O. Box Number is Not Acceptable) same address 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 of proponent . SIGNATURE  DATE 5/26/04 (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$47.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SILVESTRI, FRANK 120 KING STREET WEST, SUITE 1000 HAMILTON, ONTARIO, CANADA. ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SILVESTRI, DAN 3033 CHIMNEY ROCK ROAD HOUSTON, TX 77058 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TRULLI, GIULIO 120 KING STREET WEST, SUITE 1000 HAMILTON, ONTARIO, CANADA. ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CAMPORESE, ROBERT 5300 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PHEIGARU, JAMES 3033 CHIMNEY ROCK RD., #400 HOUSTON, TX 77058 ☐ 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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  Rob Camporese		Date 4/23/04	