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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.

66426698

Principal Place of Business	Mailing Address
5300 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169	5300 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169

03122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
3506 S. Atlantic Ave	3506 S. Atlantic Ave
Suite, Apt. #, etc. /	Suite, Apt. #, etc.
City & State NSB FL	City & State NSB FL
Zip 32169 Country USA	Zip 32169 Country USA

4. FEI Number 59-3671041 ☐ 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. GRAHAM
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 obligations of, the position of registered agent.

SIGNATURE [signature] 5/26/04
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $87.25
Due by May 1, 2004

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 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 77056	☐ 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 77056	☐ 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 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: [signature] Rob CAMPORESE 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #