

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004732

FILED
Aug 22, 2005
Secretary of State

Entity Name: OCEAN WALK AT NEW SMYRNA BEACH MASTER ASSOCIATION, INC.

Current Principal Place of Business:

3506 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

3506 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-3671641 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GRAHAM, JESSE E SR
369 N. NEW YORK AVENUE
WINTER PARK, FL 32789 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: SILVESTRI, DAN
Address: 3033 CHIMNEY ROCK ROAD
City-St-Zip: HOUSTON, TX 77056

Title: STD () Delete
Name: TRULLI, GIULIO
Address: 120 KING STREET WEST, SUITE 1000
City-St-Zip: HAMILTON, ONTARIO, CANADA,

Title: VPD () Delete
Name: CAMPDRESE, ROBERT
Address: 5300 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD () Delete
Name: PHEIGARU, JAMES
Address: 3033 CHIMNEY ROCK RD., #400
City-St-Zip: HOUSTON, TX 77056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROB CAMPORESE

VDP

08/22/2005

Electronic Signature of Signing Officer or Director

Date