

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90400 001 ****61.25

DOCUMENT # N05000008853

1. Entity Name
OCEAN WALK AT NEW SMYRNA BEACH-BUILDINGS NO.
16 CONDOMINIUM 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182006

Chg-NP

CR2E037 (11/05)

4. FEI Number

51-0573630

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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 PSD ☐ Delete
NAME TRULLI, GIULIO
STREET ADDRESS 5300 S. ATLANTIC AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME CAMPORESE, ROBERT
STREET ADDRESS 5300 S. ATLANTIC AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME PHEIGARU, JAMES
STREET ADDRESS 1215 GESSNER DRIVE
CITY-ST-ZIP HOUSTON, TX 77055

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/06

(713) 7856272