

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90142 042 \*\*\*\*61.25

<b>DOCUMENT # N00000004732</b> 1. Entity Name <b>OCEAN WALK AT NEW SMYRNA BEACH MASTER ASSOCIATION, INC.</b>			
Principal Place of Business <b>3506 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169</b>		Mailing Address <b>3506 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169</b>	
2. Principal Place of Business - No P.O. Box # <b>5300 S. Atlantic Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>5300 S. Atlantic Ave.</b> Suite, Apt. #, etc.	
City & State <b>New Smyrna Beach, FL</b>		City & State <b>New Smyrna Beach, FL</b>	
Zip <b>32169</b>		Zip <b>32169</b>	
Country		Country	
4. FEI Number <b>59-3671641</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRAHAM, JESSE E SR 369 N. NEW YORK AVENUE WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SILVESTRI, DAN 3033 CHIMNEY ROCK ROAD HOUSTON, TX 77056 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TRULLI, GIULIO 120 KING STREET WEST, SUITE 1000 HAMILTON, ONTARIO, CANADA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAMPRESE, ROBERT 5300 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHEIGARU, JAMES 3033 CHIMNEY ROCK RD., #400 HOUSTON, TX 77056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1215 Gessner Houston, TX 77055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u>James D. Pheigaru</u> <b>James D. Pheigaru</b> 4/10/08 713-785-6272 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			