

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008853

FILED
Jan 08, 2009
Secretary of State

Entity Name: OCEAN WALK AT NEW SMYRNA BEACH-BUILDINGS NO. 16 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

4536 S CLYDE MORRIS BLVD
UNIT 2
PORT ORANGE, FL 32129

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

4536 S CLYDE MORRIS BLVD
UNIT 2
PORT ORANGE, FL 32129

FEI Number: 51-0573630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

QUALITY CONDOMINIUM MANAGEMENT
4536 S CLYDE MORRIS BLVD
UNIT 2
PORT ORANGE, FL 32129 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: JEFF BLOCKER

01/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NORTON, JOHN
Address: 5265 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

Title: SD () Delete
Name: CLARK, DARRYL
Address: 1912 GERDA TER
City-St-Zip: ORLANDO, FL 32801

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

Title: TD () Delete
Name: HANNA, KIM
Address: 4024 HEALTH RD
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD (X) Change () Addition
Name: CALOGERO, JOHN
Address: 2614 CRESTWAY PARK
City-St-Zip: UTICA, NY 13501

Title: D () Delete
Name: MAHONEY, DON
Address: 46 HARVEST LN
City-St-Zip: SOUTHAMPTON, NY 11968

Title: VPD (X) Change () Addition
Name: PHILLIPS, JIM
Address: 485 CLAGUE RD
City-St-Zip: BAY VILLAGE, OH 44140

Title: D () Delete
Name: SIGLEY, CLARENCE
Address: 5300 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D (X) Change () Addition
Name: SIGLEY, CLARENCE
Address: PO BOX 1126
City-St-Zip: BRIDGEPORT, WV 26330

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KRISTIN THOMASON

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date