

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008853

Entity Name: OCEAN WALK AT NEW SMYRNA BEACH-BUILDINGS NO. 16
CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5300 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169**Current Mailing Address:**C/O SURFCOAST REALTY INC
366 FLAGLER AVENUE
NEW SMYRNA BEACH, FL 32169**FEI Number: 51-0573630****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SURFCOAST REALTY INC.
366 FLAGLER AVENUE
NEW SMYRNA BEACH, FL 32169 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**Officer/Director Detail :**

Title	P
Name	PHILLIP, JAMES V
Address	485 CLAGUE RD
City-State-Zip:	BAY VILLAGE OH 44140

Title	TREASURER
Name	CALOGERO, JOHN
Address	2614 CRESTWAY PARK
City-State-Zip:	UTICA NY 13501

Title	DIRECTOR
Name	DEVENNEY, MARGO
Address	5300 S. ATLANTIC AVENUE, UNIT 16-605
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	VP
Name	MAHONEY, DONALD
Address	46 HARVEST LANDE
City-State-Zip:	SOUTH HAMPTON NY 11968

Title	D
Name	TAURINS, INDY
Address	5300 S. ATLANTIC AVENUE, UNIT 16-603
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	SECRETARY
Name	NORTON, FAITH
Address	PO BOX 682
City-State-Zip:	NEW SMYRNA BEACH FL 32170

I hereby 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 all other like empowered.

SIGNATURE: FAITH NORTON**SEC****04/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date