

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008853

Entity Name: OCEAN WALK AT NEW SMYRNA BEACH-BUILDINGS NO. 16
CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 22, 2018
Secretary of State
CC1783872035**Current Principal Place of Business:**5300 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169**Current Mailing Address:**C/O BRI MANAGEMENT LLC
PO BOX 661
NEW SMYRNA BEACH, FL 32170 US**FEI Number: 51-0573630****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BRI MANAGEMENT LLC
C/O BRI MANAGEMENT LLC
PO BOX 661
NEW SMYRNA BEACH, FL 32170 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****04/22/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	DIRECTOR
Name	CLARK, DARRYL L
Address	1912 GERDA TERRACE
City-State-Zip:	ORLANDO FL 32804

Title	VP
Name	MAHONEY, DONALD
Address	638 AVECILLA DR
City-State-Zip:	VILLAGES FL 32162

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

Title	DIRECTOR
Name	HUCKERBY, PAUL
Address	5300 S. ATLANTIC AVENUE
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	PRESIDENT
Name	TORGENSON, KIRK
Address	5300 S ATLANTIC AVE #16-502
City-State-Zip:	NEW SMYRNA BEACH FL 32169

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: KIRK TORGENSON**PRESIDENT****04/22/2018**

Electronic Signature of Signing Officer/Director Detail

Date