2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 736295

1. Entity Name
OCEAN WALK PLACE HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
275 TONEY PENNA DR. STE. 7 JUPITER, FL 33477 US	275 TONEY PENNA DR. STE. 7 JUPITER, FL 33477 US

DO NOT WRITE IN THIS SPACE

04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2262568
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE SUNRISE MANAGEMENT COMPANY OF THE PALM
275 TONEY PENNA DRIVE
SUITE 7
JUPITER, FL 33458

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	VANDERPOL, GALE
STREET ADDRESS	126 BONEFISH CIRCLE
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	PD
NAME	BOORSE, MARY J
STREET ADDRESS	125 E SANDPIPER CIRCLE
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D
NAME	BAKER, MARY
STREET ADDRESS	114 BONEFISH CIRCLE
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	T
NAME	HANDLER, LARRY
STREET ADDRESS	103 BONEFISH CIRCLE
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80008-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mary Jane Boorse 4/30/04 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #