2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# 770443

Entity Name: WATER WALK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 321165
COCOA BEACH, FL 329321165

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 321165
COCOA BEACH, FL 329321165

New Mailing Address:

FEI Number: 59-2439176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROWLEY, DANIEL P
551 S BREVARD AVE.
UNIT C-303
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CROWLEY, DANIEL	
Address:	551 S BREVARD AVE, C-303	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	V	( ) Delete
Name:	KUEHN, DIXIE	
Address:	211 SOUTH 6TH ST., #506	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	D	( ) Delete
Name:	THOMAS, NORMA	
Address:	220 S 5TH ST B204	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	D	( ) Delete
Name:	EKLUND, FRAN	
Address:	221 S 6TH ST, D-401	
City-St-Zip:	COCOA BCH, FL 32931	
Title:	D	( ) Delete
Name:	CENTOFONTI, MARY ANN	
Address:	221 S 6TH SE #403	
City-St-Zip:	COCOA BCH, FL 32931	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	EKLUND, GEORGE	
Address:	221 SOUTH 6TH ST., D-401	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	CENTOFONTI, MARY ANN	
Address:	221 S 6TH ST D-403	
City-St-Zip:	COCOA BCH, FL 32931	

I hereby certify that the information supplied with this filing does not qualify for the 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: NORMA THOMAS D 04/24/2006

Electronic Signature of Signing Officer or Director — Date