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05/01/2001 08:43 9044099843

JUNE 10

FILED
May 19, 2001 8:00 am
Secretary of State

04-19-2001 90310 015 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004732

1. Entry Name

OCEAN WALK AT NEW SMYRNA BEACH MASTER ASSOCIATIO

Principal Place of Business

6300 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32109

Mailing Address

6300 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3671641

Applicable For

Not Applicable

5. Certificate of Status Desired ☐

\$3.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, SCOTT D
383 N. NEW YORK AVENUE
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, Title or Print Name of Registered Agent and his Address

NOTE: Registered Agent signature required when re-registering

DATE

FILE NOW:
FEE IS \$91.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fee

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	FD SILVESTRE, FRANK	120 KING STREET WEST, SUITE 1000	HAMILTON, ONTARIO, CANADA	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	VPD SILVESTRE, DAN	3033 CHIMNEY ROCK ROAD	HOUSTON TX 77069	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	STD TRULLI, GIULIO	120 KING STREET WEST, SUITE 1000	HAMILTON, ONTARIO, CANADA	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this (UBR) 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 of this report, or on an amendment with an address, with all copies of the report.

SIGNATURE:

Bliss

GIULIO TRULLI

4-12-01