

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90448 025 ****61.25

DOCUMENT # N00000004732



1. Entity Name
**OCEAN WALK AT NEW SMYRNA BEACH MASTER ASSOCIATIO
N, INC.**

Principal Place of Business
**5300 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169**

Mailing Address
**5300 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3671641

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CLARK, SCOTT D.~~ **GRAHAM, Jesse**
**369 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature of Jesse Graham)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD D** ☐ Delete
NAME **SILVESTRI, FRANK**
STREET ADDRESS **120 KING STREET WEST, SUITE 1000**
CITY-ST-ZIP **HAMILTON, ONTARIO, CANADA**

TITLE **VP/D** ☐ Change ☒ Addition
NAME **ROBERT CAMPORESE**
STREET ADDRESS **5300 S. ATLANTIC AVE**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **VPB D** ☐ Delete
NAME **SILVESTRI, DAN**
STREET ADDRESS **3033 CHIMNEY ROCK ROAD**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE **T/D** ☐ Change ☒ Addition
NAME **JAMES PHEIGARU**
STREET ADDRESS **3033 CHIMNEY ROCK RD #400**
CITY-ST-ZIP **HOUSTON, TX 77056**

TITLE **STD PD** ☐ Delete
NAME **TRULLI, GIULIO**
STREET ADDRESS **120 KING STREET WEST, SUITE 1000**
CITY-ST-ZIP **HAMILTON, ONTARIO, CANADA**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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:

(Signature of Robert Camporese)
SIGNATURE REQUIRED

4/10/03

CR2E037 (10/02)