

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90382 039 ****61.25

DOCUMENT # N01000000624 1. Entity Name OCEAN WALK VACATION OWNERSHIP ASSOCIATION, INC.					
Principal Place of Business RESORT MANAGER 300 N ATLANTIC AVE DAYTONA BEACH FL 32118			Mailing Address RESORT MANAGER 300 N ATLANTIC AVE DAYTONA BEACH FL 32118		
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 NO-T APPLICABLE				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	
7. Name and Address of New Registered Agent 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, typed or printed name of registered agent and title if applicable. (From Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	DP ARMBRUSTER, WILLIAM 8427 S PARK CIRCLE SUITE 500 ORLANDO FL 32819 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dan Walters, President 8427 So. Park Circle, Suite 500 Orlando, FL 32819 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MONSERRAT, CHARLES 8427 S PARK CIRCLE SUITE 500 ORLANDO FL 32819 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Deanne Gabel 8427 So. Park Circle, Suite 500 Orlando, FL 32819 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RACE, TODD RESORT MANAGER DAYTONA BEACH FL 32118 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Todd Race, VP of Sales, Fairfield OceanWalk 300 N. Atlantic Ave. Daytona Beach, FL 32118-3902 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/13/05 Daytime Phone #: 386-723-4801		