2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N01000000624

Entity Name: OCEAN WALK VACATION OWNERSHIP ASSOCIATION, INC.

Current Principal Place of Business:

RESORT MANAGER
300 N ATLANTIC AVE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

RESORT MANAGER
300 N ATLANTIC AVE
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: 59-3726489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: VP ( ) Delete
Name: SCINTA, RICHARD
Address: 9560 VIA ENCINAS
City-St-Zip: ORLANDO, FL 32830

Title: ST ( ) Delete
Name: LANG, KEVIN
Address: 8427 SOUTH PARK CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: P ( ) Delete
Name: HYDE, GARY
Address: 8427 SOUTH PARK CIR
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: REED, JIM
Address: 300 N. ATLANTIC AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: V (X) Change ( ) Addition
Name: LANG, KEVIN
Address: 5300 FAIRFIELD LAKE DRIVE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: P (X) Change ( ) Addition
Name: HYDE, GARY
Address: 8427 SOUTH PARK CIR
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information supplied with this filing does not qualify 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: GARY HYDE P 03/20/2009

Electronic Signature of Signing Officer or Director — Date