

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000615

FILED
Mar 20, 2008
Secretary of State

Entity Name: OCEAN WALK AT NEW SMYRNA BEACH-BUILDING NO. 6 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR. 434
STE. 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. SR. 434
STE. 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 54-2078625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W SR 434, STE 5000
LONGWOOD, FL 327795044 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: PD () Delete
Name: WILLIAM, KAISER
Address: 9905 SUNSET DR
City-St-Zip: STANWOOD, MI 49346

Title: VPD () Delete
Name: WATKINS, MIKE
Address: 5300 S. ATLANTIC AVE. #6501
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD () Delete
Name: SUPPLEE, CHUCK
Address: 8026 SPIRIT DOVE DR
City-St-Zip: DULUTH, MN 55807

Title: D () Delete
Name: MILTON, JOHN
Address: 5300 S. ATLANTIC AVE. #6403
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD () Delete
Name: GREY, GARY
Address: 5300 S ATLANTIC AVE #6404
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KAISER, WILLIAM
Address: 9905 SUNSET DR
City-St-Zip: STANWOOD, MI 49346

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SUPPLEE, CHUCK
Address: 5300 S ATLANTIC AVE #6406
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM KAISER

PD

03/20/2008

Electronic Signature of Signing Officer or Director

Date