

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003962

FILED
Apr 28, 2006
Secretary of State

Entity Name: OCEAN WALK AT NEW SMYRNA BEACH - BUILDING NO. 4 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 16-1659230

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 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: VPD () Delete
Name: YOUNG, JAN
Address: 30322 TEMPLE TRAIL
City-St-Zip: WINTER PARK, FL 32789

Title: SD () Delete
Name: DAVIS, LARRY
Address: 9 OCEANVIEW DR
City-St-Zip: GLOUCESTER, MA 01930

Title: PD () Delete
Name: LAWYER, ALVIN
Address: 1002 WILLIAMSON CIRCLE
City-St-Zip: ROCKTON, IL 61072

Title: TD () Delete
Name: WATKINS, JACK
Address: 12066 BOLDERY DR
City-St-Zip: FENTON, MI 48430

Title: D (X) Delete
Name: BROWN, TERRY
Address: 417 QUAIL MEADOW CT
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: LITOWITZ, ART
Address: 6110 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32789

Title: SD (X) Change () Addition
Name: BROWN, TERRY
Address: 417 QUAIL MEADOW CT
City-St-Zip: DEBARY, FL 32713

Title: PD (X) Change () Addition
Name: LAWVER, ALVIN
Address: 1002 WILLIAMSON CIRCLE
City-St-Zip: ROCKTON, IL 61072

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 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: AL LAWVER

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date