

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003962

FILED
Mar 20, 2008
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: D () Delete
Name: ABBOTT, GARY
Address: 5366 WARWICK TRL
City-St-Zip: GRAND BLANC, MI 48439

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

Title: PD () Delete
Name: LAWVER, ALVIN
Address: 5300 S ATLANTIC AVE #4501
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

Title: VPD () Delete
Name: KELLER, MARTY
Address: 5300 S ATLANTIC AVE #4403
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ALVIN LAWVER

PD

03/20/2008

Electronic Signature of Signing Officer or Director

Date