

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005860

FILED
Mar 19, 2007
Secretary of State

Entity Name: OCEAN WALK AT NEW SMYRNA BEACH - BUILDING NO. 5 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 54-2075077

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: TANGYE, JOHN
Address: 5300 S. ATLANTIC AVE., #5404
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PD () Delete
Name: TOPHAM, LARRY
Address: 5300 S. ATLANTIC AVE., #5507
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD () Delete
Name: MARSH, BUD
Address: 5300 S. ATLANTIC AVE., #5407
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: STD () Delete
Name: MULVEY, JIM
Address: 5300 S ATLANTIC AVE #5304
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: ELIFRITZ, MARIE
Address: 5300 S ATLANTIC AVE #5603
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 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: LARRY TOPHAM

PD

03/19/2007

Electronic Signature of Signing Officer or Director

Date