

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008233

FILED  
Mar 19, 2007  
Secretary of State

**Entity Name:** OCEAN WALK AT NEW SMYRNA BEACH-BUILDING NO.3 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:** 56-2411006

**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: MARTONE, TONY  
Address: 9 ST MONICA DR  
City-St-Zip: NORTHFORD, CT 06472

Title: PD ( ) Delete  
Name: WHITE, WARD  
Address: PO BOX 1936  
City-St-Zip: NEW SMYRNA BCH, FL 32169

Title: SD ( ) Delete  
Name: WALLACE, JANE  
Address: 5300 S ATLANTIC AVE #3401  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD ( ) Delete  
Name: WALKER, JIM  
Address: 5300 S ATLANTIC AVE #3407  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete  
Name: BOSKER, PAM  
Address: 5300 S ATLANTIC AVE #3304  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D (X) Delete  
Name: TAWA, JOHN  
Address: 5300 S ATLANTIC AVE #3301  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MARTONE, TONY  
Address: 9 ST MONICA DR  
City-St-Zip: NORTHFORD, CT 06472

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: D (X) Change ( ) Addition  
Name: GORA, WILLIAM  
Address: 5300 S ATLANTIC AVE #3405  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: WARD WHITE

PD

03/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date