

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008233

FILED
Mar 20, 2009
Secretary of State

Entity Name: OCEAN WALK AT NEW SMYRNA BEACH-BUILDING NO.3 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5300 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

5300 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

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:

SURFCOAST REALTY, INC
366 FLAGLER AVE
NEW SMYRNA BEACH, FL 32169 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: MARTONE, TONY
Address: 9 ST MONICA DR
City-St-Zip: NORTHFORD, CT 06472

Title: PD () Delete
Name: WHITE, WARD
Address: 5300 S ATLANTIC AVE #3601
City-St-Zip: NEW SMYRNA BEACH, 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: GORA, WILLIAM
Address: 5300 S ATLANTIC AVE #3405
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD () Delete
Name: MILLNER, BOB
Address: 5300 S ATLANTIC AVE #3504
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:

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: ROBERT DEL ROSE

RA

03/20/2009

Electronic Signature of Signing Officer or Director

Date