

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005014

FILED
Apr 28, 2006
Secretary of State

Entity Name: OCEAN WALK AT NEW SMYRNA BEACH - BUILDING NO. 2 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: 27-0083929

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: PD () Delete
Name: PIERRON, DAN
Address: 5300 S. ATLANTIC AVENUE #2401
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD () Delete
Name: VECCHIO, ED
Address: 5300 S. ATLANTIC AVENUE #2404
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD () Delete
Name: KELLER, HANK
Address: 5300 S. ATLANTIC AVENUE #2502
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD () Delete
Name: KELLER, DONNA
Address: 5300 S ATLANTIC AVE #2502
City-St-Zip: MEW SMYRNA BEACH, FL 32169

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: CALVERT, JACKIE
Address: 4445 HOOKER ST
City-St-Zip: DENVER, CO 80211

Title: TD (X) Change () Addition
Name: POLAK, ALINA
Address: 2207 VENETIAN WAY
City-St-Zip: WINTER PARK, FL 32789

Title: D () Change (X) Addition
Name: VALKENBURG, NEAL
Address: 5300 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: DAN PIERRON

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date