

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 12, 2009  
Secretary of State

DOCUMENT# N03000005014

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: CALVERT, JACKIE  
Address: 5300 S ATLANTIC AVE #2501  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD ( ) Delete  
Name: MORAN, TERRY  
Address: 204 KOENING RD  
City-St-Zip: BERNVILLE, PA 19506

Title: TD ( ) Delete  
Name: KELSO, TOM  
Address: 5300 S ATLANTIC AVE #2306  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete  
Name: ELLER, FRANK  
Address: 5300 S ATLANTIC AVE #10601  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

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

Title: D (X) Change ( ) Addition  
Name: CALVERT, JACKIE  
Address: 5300 S ATLANTIC AVE #2501  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

Title: PD (X) Change ( ) Addition  
Name: KELSO, TOM  
Address: 5300 S ATLANTIC AVE #2306  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

Title: TD ( ) Change (X) Addition  
Name: KELLER, HANK  
Address: 5300 S ATLANTIC AVE #2602  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: TOM KELSO

PD

03/12/2009

Electronic Signature of Signing Officer or Director

Date