


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90867 039 \*\*\*\*61.25

<b>DOCUMENT # N03000007939</b> 1. Entity Name <b>OCEAN WALK AT NEW SMYRNA BEACH - BUILDING NO. 7 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>5300 S. ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169</b>			Mailing Address <b>5300 S. ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>51-0528508</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRAHAM, HESSE E SR 369 N. NEW YORK AVE. THIRD FLOOR WINTER PARK, FL 32789</b>				7. Name and Address of New Registered Agent Name <b>LARRY SPENCER</b> Street Address (P.O. Box Number is Not Acceptable) <b>7-203 5300 S ATLANTIC AVE</b> City <b>NEW SMYRNA BEACH FL</b> Zip Code <b>32169</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Linda D. Powers</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/27/2007</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD HUSENAJ, SEJDI</b> <input type="checkbox"/> Delete <b>5300 S. ATLANTIC AVE. UNIT 7502 NEW SMYRNA BEACH, FL 32169</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>0</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HUFF, STEVE</b> <input type="checkbox"/> Delete <b>5300 S. ATLANTIC AVE. UNIT 7506 NEW SMYRNA BEACH, FL 32169</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD FRIEDMAN, PHIL</b> <input type="checkbox"/> Delete <b>5300 S ATLANTIC AVE UNIT 7605 NEW SMYRNA BEACH, FL 32169</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LARRY SPENCER</b> <input type="checkbox"/> Delete <b>7-203 5300 S Atlantic Ave</b> <b>NEW Smyrna Beach, FL 32169</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KAY POWERS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>7-401 5300 S Atlantic Ave</b> <b>NEW Smyrna Beach, FL 32169</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Linda D. Powers</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>4/27/2007</b> <small>Date</small>	
<small>Daytime Phone #</small>					