

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000078

FILED
Mar 20, 2008
Secretary of State

Entity Name: OCEAN WALK AT NEW SMYRNA BEACH-BUILDING NO.8 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3801611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERS, TOM
5300 S ATLANTIC AVE 8605
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

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: JAMES W HART JR

03/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CHAMBERS, TOM
Address: 5300 S ATLANTIC AVE 8605
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VD () Delete
Name: HOUGHTON, JOHN
Address: 5300 S ATLANTIC AVE UNIT 8202
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD () Delete
Name: ENTE, STEVE
Address: 5300 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHAMBERS, TOM
Address: 5300 S ATLANTIC AVE #8605
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD (X) Change () Addition
Name: HOUGHTON, JOHN
Address: 5300 S ATLANTIC AVE #8202
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD (X) Change () Addition
Name: ENTE, STEVE
Address: 5300 S ATLANTIC AVE #8207
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD () Change (X) Addition
Name: KELLY, SALLY
Address: 23 THE COMMON
City-St-Zip: LOCKPORT, NY 14094

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 CHAMBERS

PD

03/20/2008

Electronic Signature of Signing Officer or Director

Date