

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000078

FILED
Mar 11, 2009
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:

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: CHAMBERS, TOM
Address: 5300 S ATLANTIC AVE #8605
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

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

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

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

Title: SD (X) Change () Addition
Name: HEATH, RENNIE
Address: 2415 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Change (X) Addition
Name: SABATINO, MARK
Address: 2 101 WOODMONT DR
City-St-Zip: POTTSTOWN, PA 19464

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

03/11/2009

Electronic Signature of Signing Officer or Director

Date