

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90060 034 ****61.25

DOCUMENT # N04000000812

1. Entity Name
OCEAN WALK II VACATION CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
300 NORTH ATLANTIC AVENUE
DAYTONA BEACH, FL 32118

Mailing Address
300 NORTH ATLANTIC AVENUE
DAYTONA BEACH, FL 32118

40061641



2. Principal Place of Business - No P.O. Box #
300 North Atlantic Avenue
Suite, Apt. #, etc.

3. Mailing Address
300 North Atlantic Avenue
Suite, Apt. #, etc.

02072008 Chg-NP CR2E037 (12/06)

City & State
Daytona Beach, FL
Zip 32118 Country

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Daytona Beach, FL
Zip 32118 Country

4. FEI Number
APPLIED FOR 80-0652941
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WALTERS, DAN	
STREET ADDRESS	300 N ATLANTIC AVE	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	POWLES, JEFFREY	
STREET ADDRESS	300 N ATLANTIC AVE	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WATSON, BRUCE	
STREET ADDRESS	5580 BOB WHITE TRAIL	
CITY-ST-ZIP	MIMS, FL 32754	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LANG, KEVIN	
STREET ADDRESS	8427 SOUTH PARK CIR.	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	P	<input type="checkbox"/> Delete
NAME	Gary Hyde	
STREET ADDRESS	8427 South Park Cir.	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ **3-28-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #