


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90142 041 ****61.25

DOCUMENT # N06000009779 1. Entity Name OCEAN WALK AT NEW SMYRNA BEACH - BUILDING NO. 14 CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 5300 S. ATLANTIC AVE. NEW SMYRNA, FL 32169	Mailing Address 5300 S. ATLANTIC AVE. NEW SMYRNA, FL 32169
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1313221	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRAHAM, JESSE E SR. 369 N. NEW YORK AVE., 3RD FLOOR WINTER PARK, FL 32789

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS TRULLI, GIULIO 5300 S. ATLANTIC AVE. NEW SMYRNA, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPORESE, ROBERT 5300 S. ATLANTIC AVE. NEW SMYRNA, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHEIGARU, JAMES 1215 GESSNER DR. HOUSTON, TX 77055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 another like empowered.

SIGNATURE: James D. Pheigaru James D. Pheigaru 4/10/08 713-536-0272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #