


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90101 013 ****61.25

| | |
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| DOCUMENT # N06827 |  |
| 1. Entity Name OCEAN WALK BEACH CONDOMINIUM ASSOCIATION, INC. | |

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| Principal Place of Business 2225 HIGHWAY A1A INDIAN HARBOUR BEACH FL 32937 | Mailing Address 2225 HIGHWAY A1A INDIAN HARBOUR BEACH FL 32937 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | Country |
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1st MOORE CR2E037 (10/06)

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| 6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, PA C/O C JOHN CHRISTENSEN ESQ 500 WINDERLEY PLACE STE 104 MAITLAND FL 32751 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S MULLIN, DOROTHY 2225 HWY A1A #504 INDIAN HARBOUR FL 32937 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P WARNICK, MARY 2225 HWY A1A #710 INDIAN HARBOUR BEACH FL 32937 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T PATEL, CHAMPAKALAL 2225 HWY A1A #910 INDIAN HARBOUR BCH FL 32937 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP MOGRAN-DAVIDS, KATHY 2225 HWY A1A #602 INDIAN HARBOUR BEACH FL 32937 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WEDS, CORALIE 2225 HWY A1A #108 INDIAN HARBOUR BEACH FL 32937 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SECRETARY NOLAN, ARTHUR 156 DOTTED DOVE LANE INDIAN HARBOR, FL 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT McGraw-Davies, Kathy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Treasurer Wells, Coralie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Vice-President Cunningham, William 2225 Hwy A1A #107 Indian Harbour Beach, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X CORALIE WELLS, Coralie Wells 2-2-07 (321) 777-0325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #