


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N06956 1. Entity Name OCEAN WALK CONDOMINIUM OWNERS ASSOCIATION, INC.	
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1010 VONPHISTER ST #1 KEY WEST, FL 33040	Mailing Address 1010 VONPHISTER ST #1 KEY WEST, FL 33040
-------------------------------------------------------------------------------	-------------------------------------------------------------------



03282006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0061628	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, CELIA
1010 VON PHISTER STREET
KEYWEST, FL 33040

DO NOT WRITE IN THIS SPACE

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000494138
04/20/06-80034-007 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARGOLIN, LAURIE 1010 VON PHISTER ST #1 KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, JOHN B 278 N QUAKER LANE W HARTFORD, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUMANN, STEPHEN R. 1010 VON PHISTER, #101 KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Stephen R. Schumann* **Stephen R. Schumann Pres** 4/5/06 305 292677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #