

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 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**



03162007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0061628**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$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

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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	

U00000673193  
03/29/07-80020-006 70.00

**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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President 3/16/07*  
Date

*305 292 6548*  
Daytime Phone #