2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15282

ATLANTIC BEACH, FL 32233

753 ATLANTIC BLVD

SUITE #1

FILED Apr 06, 2011 Secretary of State

Entity Name: OCEANWALK ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

ASSOCIATION MGMT OF PONTE VEDRA INC

3108 SAWGRASS VILLAGE CIRCLE

PONTE VEDRA BEACH, FL 32082

New Mailing Address: **Current Mailing Address:**

US

P.O. BOX 330026 ASSOCIATION MGMT OF POINT VEDRA, INC ATLANTIC BEACH, FL 32233 US

3108 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082

FEI Number: 59-2687525 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARVIN & FLOYD REALTY, INC CONNOLLY, C. P.

ASSOCIATION MANAGEMENT OF POINT VEDRA, INC 3108 SAWGRASS VILLAGE CIRCLE 753 ATLANTIC BLVD SUITE 1

PONTE VEDRA BEACH, FL 32082 US

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.

SIGNATURE: C. P. CONNOLLY 04/06/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ATLANTIC BEACH, FL 32233 US

BORNO, MIKE Name: P. O. BOX 330026 Address:

City-St-Zip: ATLANTIC BEACH, FL 32233

Title: TD

Name: WOLFEL, JOHN Address: P. O. BOX 330026

City-St-Zip: ATLANTIC BEACH, FL 32233

Title: PD

LEIBECKI, LEE Name: Address: P. O. BOX 330026 City-St-Zip: ATLANTIC BCH., FL 32233

Title: SD

Name: MCCLINTOCK, EVE Address: P. O. BOX 330026

City-St-Zip: ATLANTIC BEACH, FL 32233

Title:

Name: LIVELY, H. D.

2259 BEACHCOMBER TRAIL Address: City-St-Zip: ATLANTIC BEACH, FL

Title:

MITCHELSON, THEO Name:

Address: 340 OCEANWALK DRIVE NORTH ATLANTIC BEACH, FL 32233 City-St-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

DP SIGNATURE: LEE LEIBECKI 04/06/2011