

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002362

FILED
Sep 05, 2006
Secretary of State

Entity Name: OCEAN WALK VILLAGE ALLIANCE, INC.

Current Principal Place of Business:

100 N ATLANTIC AVE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2491
DAYTONA BEACH, FL 321152491

New Mailing Address:

FEI Number: 59-3576698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HAMILTON, RICK
Address: C/O OCEAN CENTER, 101 N. ATLANTIC AVE.
City-St-Zip: DAYTONA BEACH, FL 32118

Title: DVP () Delete
Name: ARP, STUART
Address: C/O OCEAN CENTER, 101 N. ATLANTIC AVE.
City-St-Zip: DAYTONA BEACH, FL 32118

Title: DST () Delete
Name: CAMERON, ANGELA
Address: C/O OCEAN CENTER, 101 N. ATLANTIC AVE.
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: PITTARD, JAN
Address: C/O OCEAN CENTER, 101 N. ATLANTIC AVE.
City-St-Zip: DAYTONA BEACH, FL 32118

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANGELA CARERON

_____ Electronic Signature of Signing Officer or Director

DST

09/05/2006

_____ Date