





2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90026 043 ****61.25

DOCUMENT # N99000006641					
1. Entity Name OWNER'S ASSOCIATION OF BEACH WALK CONDOMINIUM, INC.					
Principal Place of Business 5400 OCEAN BLVD. 3-1 SARASOTA, FL 34242		Mailing Address 5400 OCEAN BLVD. 3-1 SARASOTA, FL 34242			
2. Principal Place of Business - No P.O. Box # 5400 OCEAN BLVD.		3. Mailing Address 5400 OCEAN BLVD.			
Suite, Apt. #, etc. 3-1		Suite, Apt. #, etc. 3-1			
City & State SARASOTA, FL.		City & State SARASOTA, FL.		01102008 Chg-NP CR2E037 (12/06)	
Zip 34242		Country USA		4. FEI Number APPLIED FOR 59-3482390	
Country USA		Zip 34242		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRUETTE, ROBERT O 5400 OCEAN BLVD. 3-1 SARASOTA, FL 34242			7. Name and Address of New Registered Agent Name ROBERT O PRUETTE Street Address (P.O. Box Number is Not Acceptable) 5400 OCEAN BLVD. 3-1 City SARASOTA FL Zip Code 34242		
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable			DATE 1/17/08 (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$81.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENNEDY, JOHN		NAME		
STREET ADDRESS	4922 WALLINGFORD ST.		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH, PA 15213		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRUETTE, ROBERT O		NAME		
STREET ADDRESS	5400 OCEAN BLVD., #3-1		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUTWEIN, DAN		NAME		
STREET ADDRESS	654A CALLE DEL OTONO		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date 1/17/08		Daytime Phone # 412-352-8159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #