

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90207 046 \*\*\*150.00

**DOCUMENT # P05000026502**

1. Entity Name  
**OCEAN WALK REALTY, INC**



Principal Place of Business  
**445 LANTANA ROAD  
LANTANA, FL 33462**

Mailing Address  
**445 LANTANA ROAD  
LANTANA, FL 33462**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082006

Chg-P

CR2E034 (11/05)

City & State

**Lantana FL**

City & State

**Boynton Beach FL**

4. FEI Number

**20-2378184**

Applied For

Not Applicable

Zip

**33462**

Country

**USA**

Zip

**33426**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BASILE, JOSEPH  
5 OAKWOOD CT  
BOYNTON BEACH, FL 33426**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BASILE, JOSEPH F	
STREET ADDRESS	5 OAKWOOD CT	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANDERWOUDE, JAMES	
STREET ADDRESS	430 N. 'G' STREET	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLBY, JAMES M	
STREET ADDRESS	1861 FINN HILL DRIVE	
CITY-ST-ZIP	LANTANA, FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 607, 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:

*[Signature]*, DIRECTOR

4/28/06

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