

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000001834

Entity Name: OCEAN WALK AT NEW SMYRNA BEACH - BUILDING NO. 19
CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5300 S. ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169**Current Mailing Address:**PO BOX 661
NEW SMYRNA BEACH, FL 32170 US**FEI Number:** 37-1756897**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRI MANAGEMENT LLC
C/O BRI MANAGEMENT LLC
6132 JASMINVE VINE DR
PORT ORANGE, FL 32128 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:** JEFF BLOCKER

04/22/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	PARSON, PEGGY
Address	5300 S ATLANTIC AVE #19-407
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	VP, TREASURER
Name	WILSON, FLOYD
Address	5300 S ATLANTIC AVE #19-502
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	DIRECTOR
Name	LURIE, ED
Address	5300 S ATLANTIC AVE #19-203
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	PRESIDENT
Name	PURVIS, JIM
Address	5300 S ATLANTIC AVE #19-507
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	DIRECTOR
Name	ADVENA, BILL
Address	5300 S ATLANTIC AVE #19-503
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	DIRECTOR
Name	DAVIS, SCOTT
Address	5300 S ATLANTIC AVE #19-402
City-State-Zip:	NEW SMYRNA BEACH FL 32169

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.

SIGNATURE: JIM PURVIS

PRESIDENT

04/22/2018

Electronic Signature of Signing Officer/Director Detail

Date