

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90079 006 ****61.25

DOCUMENT # 769535
 1. Entity Name
 BOCA WALK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 C/O GLEN MANAGEMENT SERVICES
 301 W. CAMINO GARDENS BLVD., STE. 200
 BOCA RATON, FL 33432 US

Mailing Address
 C/O GLEN MANAGEMENT SERVICES
 301 W. CAMINO GARDENS BLVD., STE. 200
 BOCA RATON, FL 33432 US

40072433

2. Principal Place of Business - No P.O. Box #
 C/O Prime Management
 Suite, Apt. #, etc.
 6300 Park of Commerce Blvd

3. Mailing Address
 C/O Prime Management
 Suite, Apt. #, etc.
 6300 Park of Commerce Blvd

City & State
 BOCA RATON, FL

City & State
 BOCA RATON, FL

Zip
 33487

Country
 PALM BEACH

03282007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2378201

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GLEN,
 301 W CAMINO GARDENS BLVD #200
 BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
 Name
 Sandra K Wharton
 Street Address (P.O. Box Number is Not Acceptable)
 6379 Boca Circle
 Boca Raton
 City
 FL
 Zip Code
 33433

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.

X SIGNATURE Sandra K Wharton President DATE 4/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PURDIE, ELIZABETH 6335 WALK CIR BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHARTON, SANDRA 6379 BOCA CIRCLE BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARDING, MARVIN 6471 BOCA CIR BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNOCK BURGER, PAULA 6334 WALK CIRCLE BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRACI, ISADORE 6351 WALK CIRCLE BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Schnackenberg, Paula	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

X SIGNATURE: Sandra K Wharton, President DATE 4/16/07 DAYTIME PHONE # 561-212-0039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR