

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortnam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

SEP 22 AM 11:11

DOCUMENT # **N00733 (8)**

1. Corporation Name

**WALTON COURT PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2261 SE BRASHFORD ST  
PORT ST. LUCIE FL 34952  
US

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PORT ST. LUCIE FL 34952  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/30/1983</b>	3a. Date of Last Report <b>06/14/1994</b>
4. FEI Number <b>59-2458196</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAY STEVEN LEVINE P.A.  
3300 PGA BLVD #800  
PALM BCH GDNS 33410

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *N/A* DATE: **1-16-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRICKER, ROBERT	1.2 NAME	HART, FRANK
STREET ADDRESS	2211 BRECKENRIDGE CIR	1.3 STREET ADDRESS	2383 SE BRECKENRIDGE CIR
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	<del>VPD</del>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCI, FRANK	2.2 NAME	VPD
STREET ADDRESS	2290 BRECKENRIDGE CIR	2.3 STREET ADDRESS	←
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCCHESI, ANTHONY	3.2 NAME	
STREET ADDRESS	2331 BRECKENRIDGE CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	<del>VPD</del>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>COX, JAMES</del>	4.2 NAME	DOWLING, WILLIAM R.
STREET ADDRESS	<del>2388 BRECKENRIDGE CIR</del>	4.3 STREET ADDRESS	2371 SE BRECKENRIDGE CIR.
CITY-ST-ZIP	<del>PORT ST. LUCIE FL</del>	4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEERY, JAMES	5.2 NAME	
STREET ADDRESS	2392 BRECKENRIDGE CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTCHER, FRED	6.2 NAME	
STREET ADDRESS	P O BOX 8208 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made on or after the date 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anthony Lucchese* DATE: **1-16-95** **407-335-7456**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ANTHONY LUCCHESI, PRESIDENT**