

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N00733** (8)
1. Corporation Name
WALTON COURT PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: **2261 SE BRASHFORD ST PORT ST. LUCIE FL 34952 US**
Mailing Address: **2261 S E BRASHFORD ST PORT ST. LUCIE FL 34952 US**

3. Date Incorporated or Qualified: **12/30/1983**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business: **21 SAME**
2a. Mailing Address: **26 SAME**
22 Suite, Apt. #, etc.
23 City & State
24 Zip Country
25 Country
29 Zip Country
30

4. FEI Number: **59-2458196**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**JAY STEVEN LEVINE P.A.
3300 PGA BLVD #800
PALM BCH GDNS 33410**

10. Name and Address of New Registered Agent
81 Name: **SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FD SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRICKER, ROBERT	1.2 NAME	
STREET ADDRESS	2211 BRECKENRIDGE CIR	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE FL	1.4 CITY - ST - ZIP	
TITLE	VPD PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCI, FRANK	2.2 NAME	
STREET ADDRESS	2290 BRECKENRIDGE CIR	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE FL	2.4 CITY - ST - ZIP	
TITLE	PD D <input type="checkbox"/> DELETE	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	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWLING, WILLIAM R	4.2 NAME	
STREET ADDRESS	2371 SE BRECKENRIDGE CIR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE FL	4.4 CITY - ST - ZIP	
TITLE	SD TD <input type="checkbox"/> DELETE	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 VPD <input type="checkbox"/> DELETE	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	
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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 indicated 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William R Dowling 1/18/96 407-335-7456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)