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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34952-8106 US
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3. Date Incorporated or Qualified 12/30/1983		3a. Date of Last Report 01/31/1996	
2. Principal Place of Business		4. FEI Number 59-2458196	
2a. Mailing Address		Applied For Not Applicable	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip	25 Country		
29 Zip	30 Country		

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	
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

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FRICKER, ROBERT	
STREET ADDRESS	2211 BRECKENRIDGE CIR	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUCI, FRANK	
STREET ADDRESS	2290 BRECKENRIDGE CIR	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LUCCHESI, ANTHONY	
STREET ADDRESS	2331 BRECKENRIDGE CIR.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWLING, WILLIAM R	
STREET ADDRESS	2371 SE BRECKENRIDGE CIR.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SEERY, JAMES	
STREET ADDRESS	2392 BRECKENRIDGE CIR	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BOTTNER, FRED	
STREET ADDRESS	P O BOX 8298 N/A	
CITY-ST-ZIP	PORT ST. LUCIE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MACNAMARA, WILLIAM	
1.3 STREET ADDRESS	2388 SE BRECKENRIDGE CIR	
1.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		34952
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		34952
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		34952
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		34952
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	POHL, BARBARA	
6.3 STREET ADDRESS	2396 SE BRECKENRIDGE CIR	
6.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34952	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* WILLIAM R. DOWLING 1/10/97 (56) 335-0023

CR2E037 (9/96)