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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00733

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/30/1983	4. FEI Number 59-2458196 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	POHL, BARBARA	
STREET ADDRESS	2396 SE BRECKENRIDGE CIR	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	VPO 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	PD D	<input type="checkbox"/> DELETE
NAME	SEERY, JAMES	
STREET ADDRESS	2392 BRECKENRIDGE CIR	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACNAMARA, WILLIAM	
STREET ADDRESS	2388 SE BRECKENRIDGE CIR	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES COMPTON	
1.3 STREET ADDRESS	1322 SE REMINGTON CT.	
1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT GALLAGHER	
2.3 STREET ADDRESS	2247 SE BRECKENRIDGE CIR	
2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 with all other like empowered.

SIGNATURE: Signature Required 3/1/99 561-335-0023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)