

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90163 044 ****61.25

DOCUMENT # N00733

1. Entity Name

WALTON COURT PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2261 SE BRASHFORD ST
 PORT ST. LUCIE FL 34952
 US

2261 S E BRASHFORD ST
 PORT ST. LUCIE FL 34952
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2458196

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE JAY STEVEN LEVIN P.A.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-11-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **POHL, BARBARA**
 STREET ADDRESS **2396 SE BRECKENRIDGE CIR**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE Change Addition
 NAME **KENTER, BERTIE**
 STREET ADDRESS **1361 SE BIRMINGHAM COURT**
 CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE Delete
 NAME **DUCI, FRANK**
 STREET ADDRESS **2290 BRECKENRIDGE CIR**
 CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **LUCCHESI, ANTHONY**
 STREET ADDRESS **2331 BRECKENRIDGE CIR.**
 CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **WITH, ROBERT**
 STREET ADDRESS **1311 SE REMINGTON CT**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MILLEY, CAROL**
 STREET ADDRESS **2217 SE BRECKEN RIDGE CIRCLE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **COMPTON, JAMES**
 STREET ADDRESS **1322 S.E. REMINGTON COURT**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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.

SIGNATURE:

Barbara Pohl
BARBARA POHL

1-11-02

Date

(888) 335-7456

Daytime Phone #

CR2E037 (9/01)