

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90666 030 ****61.25

DOCUMENT # N00733			
1. Entity 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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 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 <input type="checkbox"/> \$8.75 Additional Fee Required			



94050221



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent JAY STEVEN LEVINE P.A. 2500 N. MILITARY TRL., STE 490 BOCA RATON FL 33431				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUCI, FRANK			NAME	BERTIE KENTER		
STREET ADDRESS	2290 BRECKEN RIDGE CIR			STREET ADDRESS	BIRMINGPORT COURT		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952			CITY-ST-ZIP	PORT ST LUCIE FL 34952		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUCI, FRANK			NAME	FRANCES KRUS JENSEN		
STREET ADDRESS	2290 BRECKENRIDGE CIR			STREET ADDRESS	2392 SE BRECKENRIDGE CIR		
CITY-ST-ZIP	PORT ST. LUCIE FL			CITY-ST-ZIP	PORT ST LUCIE FL 34952		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCCLEASE, MARTHA			NAME	BARBARA POHL		
STREET ADDRESS	2201 BRECKEN RIDGE CIR			STREET ADDRESS	2396 BRECKENRIDGE CIR		
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952			CITY-ST-ZIP	PORT ST LUCIE FL 34952		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LINDSAY, LAURA			NAME	ROBERT WITH		
STREET ADDRESS	2389 BRECKEN RIDGE CIR			STREET ADDRESS	REMINGTON COURT		
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952			CITY-ST-ZIP	PORT ST LUCIE FL 34952		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLEY, CAROL			NAME	LAURA LINDSAY		
STREET ADDRESS	2217 SE BRECKEN RIDGE CIRCLE			STREET ADDRESS	2389 BRECKENRIDGE		
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952			CITY-ST-ZIP	PORT ST LUCIE FL 34952		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COMPTON, JAMES			NAME			
STREET ADDRESS	1322 S.E. REMINGTON COURT			STREET ADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE FL 34952			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 TD* **BARBARA POHL TD** 4/9/04 (772)335-7456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #