


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90012 035 \*\*\*\*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

Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number: **59-2458196**  
 Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



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  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WITH, ROBERT	
STREET ADDRESS	1311 SE REMINGTON COURT	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUCI, FRANK	
STREET ADDRESS	2290 BRECKENRIDGE CIR	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JENSEN, FRANCES KRUS	
STREET ADDRESS	2392 SE BREKENRIDGE CIR.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LINDSAY, LAURA	
STREET ADDRESS	2389 BRECKEN RIDGE CIR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POHL, BARBARA	
STREET ADDRESS	2396 BRECKENRIDGE CIR.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COMPTON, JAMES	
STREET ADDRESS	1322 S.E. REMINGTON COURT	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENTER, BERTHA	
STREET ADDRESS	1361 BIRMINGHAM COURT	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEHRIS, RICHARD	
STREET ADDRESS	2224 BRASHFORD ST	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *James Compton* 2/9/06 772.335.7456