

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N00733

Entity Name: WALTON COURT PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2261 SE BRASHFORD ST
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2458196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAY STEVEN LEVINE P.A.
2500 N. MILITARY TRL., STE 490
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RICHARD, CLARK
Address: 2380 BRECKENRIDGE CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: DUCI, FRANK,
Address: 2290 BRECKENRIDGE CIR
City-St-Zip: PORT ST. LUCIE, FL

Title: VPD () Delete
Name: KENTER, BERTHA
Address: 1361 BIRMINGPORT CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TD () Delete
Name: POHL, BARBARA
Address: 2396 BRECKENRIDGE CIR.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: PD () Delete
Name: COMPTON, JAMES
Address: 1322 S.E. REMINGTON COURT
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D () Delete
Name: EISENBERG, FERN
Address: 2387 BRECKENRIDGE CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: DUCI, FRANK,
Address: 2290 BRECKENRIDGE CIR
City-St-Zip: PORT ST. LUCIE, FL

Title: SD (X) Change () Addition
Name: KENTER, BERTHA
Address: 1361 BIRMINGPORT CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: POOLE, DONALD
Address: 2369 S.E. BRECKENRIDGE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA POHL

TD

01/07/2009

Electronic Signature of Signing Officer or Director

Date