FILED
Mar 25, 2005 8:00 am
Secretary of State
02-03-2005 90033 028 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000000734

1. Entity Name
WALKER'S HAMLET HOMEOWNERS ASSOCIATION, INC.

66007370

Principal Place of Business	Mailing Address
9456 PHILLIPS HIGHWAY SUITE 1 JACKSONVILLE, FL 32256	9456 PHILLIPS HIGHWAY SUITE 1 JACKSONVILLE, FL 32256

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01112005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-1040548 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNS, KENNETH L JR. 9456 PHILLIPS HIGHWAY SUITE 1 JACKSONVILLE, FL 32256	Name: May Management Street Address (P.O. Box Number is Not Acceptable): 5455 A1A South City: St Augustine FL Zip Code: 32080

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: Anna M. Marks - President 03/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHNS, KENNETH L JR.	NAME	
STREET ADDRESS	9456 PHILLIPS HIGHWAY, SUITE 1	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ZAKOSKE, JOHN	NAME	
STREET ADDRESS	9456 PHILLIPS HIGHWAY, SUITE 1	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOAN, JAN J	NAME	
STREET ADDRESS	9456 PHILLIPS HIGHWAY, SUITE 1	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 1/30/05 904-268-2845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #