2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000734

FILED Apr 26, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

9456 PHILLIPS HIGHWAY 463499 STATE ROAD 200 SUITE 1 YULEE, FL 32097

JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

9456 PHILLIPS HIGHWAY P O BOX 1987

SUITE 1 YULEE, FL 32041-198 JACKSONVILLE, FL 32256

FEI Number: 20-1040548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAY MANAGEMENT PROPETRTY MANAGEMENT SYSTEMS INC 5455 A1A SOUTH PROPETRTY MANAGEMENT SYSTEMS INC 463499 STATE RD 200

SAINT AUGUSTINE, FL 32080 US YULEE, FL 32097 U

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: TERRELL J POWELL 04/26/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: JOHNS, KENNETH L JR. Name: CHOCHOWSKI, JOSEPH F Address: 9456 PHILLIPS HIGHWAY, SUITE 1 Address: 9748 WATERSHED DRIVE S

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32220

Title: VD () Delete Title: VPD (X) Change () Addition Name: ZAKOSKE, JOHN Name: BRIGHTWELL, KIRK L

Address: 9456 PHILLIPS HIGHWAY, SUITE 1 Address: 9640 WATERSHED DRIVE E
City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32220

Title: SD () Delete Title: STD (X) Change () Addition

 Name:
 DOAN, JAN J
 Name:
 YOUNG, KERRY Y

 Address:
 9456 PHILLIPS HIGHWAY, SUITE 1
 Address:
 9808 WATERSHED DRIVE W

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:
 JACKSONVILLE, FL 32220

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH F CHOCHOWSKI P 04/26/2006