

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08242007 Chg-NP CR2E037 (12/06)

DOCUMENT # N05000007361			
1. Entity Name WALTER'S CROSSING CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1510 W. CLEVELAND ST TAMPA, FL 33606		Mailing Address 1510 W. CLEVELAND ST TAMPA, FL 33606	
2. Principal Place of Business - No P.O. Box # 2901 Butterfield Road <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2901 Butterfield Road <small>Suite, Apt. #, etc.</small>	
City & State Oak Brook, Illinois		City & State Oak Brook, Illinois	
Zip 60523		Country DuPage	
Country DuPage		Zip 60523	
Country DuPage		Country DuPage	
4. FFI Number APPLIED FOR 26-0771741		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORIN, KENNETH I 1510 W. CLEVELAND ST TAMPA, FL 33606		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: center;"> Peter F. Souza Assistant Secretary </div> <div style="text-align: right;"> DATE 8/27/07 </div> </div> <p style="text-align: center; font-size: 10pt;">(NOTE: Registered Agent signature required when reinstating)</p>			
Filing Fee is \$61.25 Due by September 14, 2007		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORIN, KENNETH I 1510 W CLEVELAND ST TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and President Dan Franz 1000 Nicollet Mall Minneapolis, MN 55403 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REISINGER, STACEY 1510 W CLEVELAND ST TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and Treasurer Niall Byrne 2901 Butterfield Road Oak Brook, Illinois 60523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MAXWELL, PAUL 1510 W CLEVELAND ST TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jane Borden 1000 Nicollet Mall Minneapolis, MN 55403 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ann M. Sharp 2901 Butterfield Road Oak Brook, Illinois 60523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		Secretary	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date August 24, 2007	
		Daytime Phone # 630-218-8000 x2712	