


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000007361

1. Entity Name
WALTER'S CROSSING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2901 BUTTERFIELD ROAD
 OAKBROOK, IL 60523**

Mailing Address
**2901 BUTTERFIELD ROAD
 OAKBROOK, IL 60523**

DO NOT WRITE IN THIS SPACE



01292008 No Chg-NP CR2E037 (4/06)

4. FEI Number
26-0771741 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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 _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

U000000858246
 04/01/08-80037-021 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FRANZ, DAN I 1000 NICOLLET MALL MINNEAPOLIS, MN 55403 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT BYRNE, NIALL 2901 BUTTERFIELD ROAD OAKBROOK, IL 60523 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BORDEN, JANE 1000 NICOLLET MALL MINNEAPOLIS, MN 55403 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SHARP, ANN M 2901 BUTTERFIELD ROAD OAKBROOK, IL 60523 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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: Ann M. Sharp February 1, 2008 630-368-2863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ann M. Sharp, Secretary