

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 03 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N96000003034 (3)**  
 1. Corporation Name  
**SOUTH WALK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 151 CREEKSIDE DR ST. AUGUSTINE FL 32086 US	Mailing Address 151 CREEKSIDE DR ST. AUGUSTINE FL 32086 US
---	---

3. Date Incorporated or Qualified  
**06/03/1996**

4. FEI Number <b>59-3395061</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      28 Zip      29 Country      30 Country

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

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

7. Is this nonprofit corporation a homeowners association?     Yes     No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.     Yes     No

**9. Name and Address of Current Registered Agent**  
 COLLARD, DEBRA  
 151 CREEKSIDE DR  
 ST AUGUSTINE FL 32086

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHARDT, EDWARD L	1.2 NAME	
STREET ADDRESS	151 CREEKSIDE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLARD, DEBRA	2.2 NAME	
STREET ADDRESS	151 CREEKSIDE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHARDT, MICHAEL	3.2 NAME	
STREET ADDRESS	4325 APPLTREE PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32258	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra Tux E. Collard      1-14-98      904-797-3537

CR2E037 (10/97)