


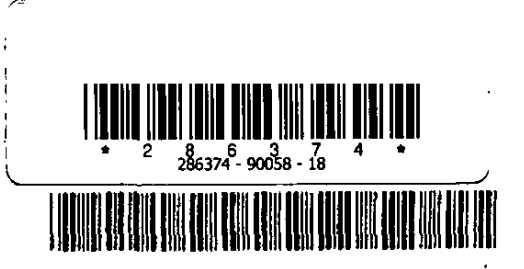
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Feb 22, 1999 8:00 am
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003034

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/03/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3395061
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code
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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: Debra Collard DATE: 1-3-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKHARDT, EDWARD L 151 CREEKSIDE DRIVE ST. AUGUSTINE FL 32084 <i>Deceased</i>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Debra Collard 151 Creekside Dr. St. Aug. Fl. 32086 <i>(D)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD - President COLLARD, DEBRA 151 CREEKSIDE DRIVE ST. AUGUSTINE FL 32084	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	U- Pres MICHAEL R. HUMPHREUS 151 Creekside Dr. St. Aug. Fl. 32086 <i>(D)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKHARDT, MICHAEL 4325 APPLETREE PLACE JACKSONVILLE FL 32258 <i>Moved</i>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Michael Burkhardt 4325 Appletree Pl. Jacksonville Fl 32258 <i>(D)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL R. HUMPHREUS U- Pres 151 Creekside Dr. St. Aug. Fl 32086	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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)(l), 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 its 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 with all other like empowerers.

SIGNATURE: Debra Collard DATE: 1-3-99 DAYTIME PHONE #: 904-791-3537

Debra Collard 3-18-99

CR2E037 (1/198)