


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 8:00 am
Secretary of State

01-17-2006 90252 017 ****61.25

DOCUMENT # N96000003034

1. Entity Name
SOUTH WALK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

151 CREEKSIDE DR **151 CREEKSIDE DR**
ST. AUGUSTINE, FL 32086 US **ST. AUGUSTINE, FL 32086 US**

66001471



01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-3395061 Not Applied

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

6. Name and Address of Current Registered Agent

COLLARD, DEBRA
151 CREEKSIDE DR
ST AUGUSTINE, FL 32086

Debra Collard

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: *Debra Collard* DATE: _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLLARD, DEBRA
STREET ADDRESS	151 CREEKSIDE DRIVE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	VPD
NAME	HEUMPHREUS, MICHAEL
STREET ADDRESS	151 CREEKSIDE DRIVE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	D
NAME	BURKHARDT, MICHAEL
STREET ADDRESS	4325 APPLE TREE PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Debra Collard

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, changed, or on an attachment with an address, with all other like empowered.

Debra Collard *2/12/06*
President



ATTACHMENT

66001447

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

SOUTH WALK HOMEOWNERS ASSOCIATION, INC.
151 CREEKSIDE DR
ST. AUGUSTINE, FL 32086 US

*Conform
please*

Subject: SOUTH WALK HOMEOWNERS ASSOCIATION, INC.

Reference Number: N96000003034

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm
ANNUAL REPORTS SECTION

*READ what the
line states
I didnt sign
because I
didnt charge
anything?*