

**2007 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

2007 AUG 13 AM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06112007 Chg-NP CR2E037 (12/06)

4. FEI Number - 59-3395061 Applied For Not Applicable

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

DOCUMENT # N96000003034  
1. Entity Name  
SOUTH WALK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
PMB 119 PMB 119  
4255 US HIGHWAY 1 SOUTH, SUITE 18 4255 US HIGHWAY 1 SOUTH, SUITE 18  
ST. AUGUSTINE, FL 32086 US ST. AUGUSTINE, FL 32086 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**6. Name and Address of Current Registered Agent**

COLLARD, DEBRA  
151 CREEKSIDE DR  
ST AUGUSTINE, FL 32086

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

Name DAN BLACKBORN, PRES.  
Street Address (P.O. Box Number is Not Acceptable)  
SOUTH WALK HOMEOWNERS' ASSOC.  
225 MICHAEL DRIVE  
City ST AUGUSTINE FL Zip Code 32086

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: *[Signature]* DATE: 8-2-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution.  \$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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME COLLARD, DEBRA STREET ADDRESS 151 CREEKSIDE DRIVE CITY-ST-ZIP ST. AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete	TITLE D P NAME DAN BLACKBORN STREET ADDRESS 225 MICHAEL DR. CITY-ST-ZIP ST. AUGUSTINE, FL. 32086	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME HEUMPHREUS, MICHAEL STREET ADDRESS 151 CREEKSIDE DRIVE CITY-ST-ZIP ST. AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete	TITLE D V NAME SUSAN MAROZZI STREET ADDRESS 112 SOUTHWALK PL. CITY-ST-ZIP ST. AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BURKHARDT, MICHAEL STREET ADDRESS 4325 APPLETREE PLACE CITY-ST-ZIP JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete	TITLE D T NAME ROBERT QUINNEY STREET ADDRESS 200 MICHAEL DR. CITY-ST-ZIP ST. AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D S NAME GERALDINE JOHNSON STREET ADDRESS 221 MICHAEL DR. CITY-ST-ZIP ST. AUGUSTINE FL. 32086	<input checked="" 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

2. 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: *[Signature]* DATE: 8-2-07 DAYTIME PHONE #: 794-7505  
Signature and typed or printed name of signing officer or director

8/15/07