


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000003034**

1. Entity Name  
**SOUTH WALK HOMEOWNERS ASSOCIATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>PMB 119<br/>         4255 US HIGHWAY 1 SOUTH, SUITE 18<br/>         ST. AUGUSTINE, FL 32086 US</b> | Mailing Address<br><b>PMB 119<br/>         4255 US HIGHWAY 1 SOUTH, SUITE 18<br/>         ST. AUGUSTINE, FL 32086 US</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-NP CR2E037 (4/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-3395061</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

6. Name and Address of Current Registered Agent

**BLACKBURN, DAN  
 SOUTHWALK OWNERS' ASSOCIATION  
 225 MICHAEL DRIVE  
 ST AUGUSTINE, FL 32086**

**DO NOT WRITE IN THIS SPACE**

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

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

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


U00000787799  
 01/18/08-80014-017 61.25

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BLACKBURN, DAN<br>225 MICHAEL DR.<br>ST. AUGUSTINE, FL 32086    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>MAROZZI, SUSAN<br>112 SOUTHWALK PL.<br>ST. AUGUSTINE, FL 32086  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>QUINNEY, ROBERT<br>200 MICHAEL DR.<br>ST AUGUSTINE, FL 32086    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>JOHNSON, GERALDINE<br>221 MICHAEL DR.<br>ST AUGUSTINE, FL 32086 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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:**  **Jan 14, 08** **904-797-2572**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #