

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003034

FILED
Mar 24, 2009
Secretary of State

Entity Name: SOUTH WALK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PMB 119
4255 US HIGHWAY 1 SOUTH, SUITE 18
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

PMB 119
4255 US HIGHWAY 1 SOUTH, SUITE 18
ST. AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: 59-3395061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLACKBURN, DAN
Address: 225 MICHAEL DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DV () Delete
Name: MAROZZI, SUSAN
Address: 112 SOUTHWALK PL.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DT () Delete
Name: QUINNEY, ROBERT
Address: 200 MICHAEL DR.
City-St-Zip: ST AUGUSTINE, FL 32086

Title: DS () Delete
Name: JOHNSON, GERALDINE
Address: 221 MICHAEL DR.
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: OLIVEIRA, TONI
Address: 246 MICHAEL DRIVE
City-St-Zip: ST AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONI OLIVEIRA

DT

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date