

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00733

Entity Name: WALTON COURT PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2261 SE BRASHFORD ST
PORT ST. LUCIE, FL 34952**Current Mailing Address:**2261 S E BRASHFORD ST
PORT ST. LUCIE, FL 34952 US**FEI Number:** 59-2458196**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JAY STEVEN LEVINE P.A.
2500 N. MILITARY TRL., STE 490
BOCA RATON, FL 33431 US*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**Officer/Director Detail :**

Title	SECRETARY
Name	POHL, BARBARA
Address	2396 BRECKENRIDGE CIR.
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	VP
Name	ANDERSON, DOUGLAS
Address	1312 REMINGTON COURT
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	PRESIDENT
Name	EISENBERG, FERN
Address	2387 SE BRECKENRIDGE CIRCLE
City-State-Zip:	PORT ST LUCIE FL 34952

Title	DIRECTOR
Name	BAIN, RAYMOND
Address	2385 SE BRECKENRIDGE CIRCLE
City-State-Zip:	PORT ST LUCIE FL 34952

Title	DIRECTOR
Name	LUCCHESI, GRACE
Address	2331 S.E. BRECKENRIDGE CIRCLE
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	DIRECTOR
Name	GLASER, RACHEL
Address	2392 SE BRECKENRIDGE CIRCLE
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	TREASURER
Name	POOLE, DONALD
Address	2369 SE BRECKENRIDGE CIRCLE
City-State-Zip:	PORT ST. LUCIE FL 34952

I hereby 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 all other like empowered.

SIGNATURE: BARBARA POHL**SECRETARY****02/09/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date