

2021 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:**FLORIDA ASSOCIATION ATTORNEYS
11891 US HIGHWAY 1 N.
SUITE 100
NORTH PALM BEACH, FL 33408 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:** BRENNAN GROGAN

04/06/2021

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 TREASURER
Name FELD, RACHEL
Address 2392 SE BRECKENRIDGE CIRCLE
City-State-Zip: PORT ST. LUCIE FL 34952

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

Title DIRECTOR
Name RAFFAELI, JOSEPH
Address 2247 SE BRECKENRIDGE CIRCLE
City-State-Zip: PORT ST. LUCIE FL 34952

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

Title DIRECTOR
Name FRANCO, JAMES
Address 2376 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

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date