

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004088

**Entity Name:** WALKER'S GROVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1326 PLEASANTRIDGE PLACE  
ORLANDO, FL 32835**Current Mailing Address:**P.O. BOX 1011  
GOTHA, FL 34734 US**FEI Number:** 74-3217131**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALTEMOSE COMMUNITY MANAGMENT, LLC  
1326 PLEASANTRIDGE PLACE  
ORLANDO, FL 32835 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:** CHERYL L. ALTEMOSE

04/02/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** SECRETARY/TREASURER**Name** BRIN, SHARON**Address** P.O. BOX 1011**City-State-Zip:** GOTHA FL 34734**Title** PRESIDENT**Name** COSTELLO, BRIAN**Address** C/O ALTEMOSE COMMUNITY  
MANAGEMENT, LLC  
P.O. BOX 1011**City-State-Zip:** GOTHA FL 34734**Title** VP**Name** GREEN, WILLIAM**Address** ALTEMOSE COMMUNITY  
MANAGEMENT  
P.O. BOX 1011**City-State-Zip:** GOTHA FL 34734**Title** REGISTERED AGENT**Name** ALTEMOSE, CHERYL**Address** P.O. BOX 1011**City-State-Zip:** GOTHA FL 34734

*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:** CHERYL ALTEMOSE**MANAGER**

04/02/2023

Electronic Signature of Signing Officer/Director Detail

Date