Address Citv-State-Zip:	P.O. BOX 1011	Address	ALTEMOSE COMMUNITY MANAGEMENT
City-State-Zip:	GOTHA FL 34734		P.O. BOX 1011
Title	PRESIDENT	City-State-Zip:	GOTHA FL 34734
Name	COSTELLO, BRIAN	Title	REGISTERED AGENT
Address	C/O ALTEMOSE COMMUNITY MANAGEMENT, LLC P.O. BOX 1011	Name	ALTEMOSE, CHERYL
		Address	P.O. BOX 1011
City-State-Zip:	GOTHA FL 34734	City-State-Zip:	GOTHA FL 34734

Title

Name

SIGNATURE: CHERYL L. ALTEMOSE

**BRIN, SHARON** 

SECRETARY/TREASURER

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.

# FEI Number: 74-3217131

Electronic Signature of Registered Agent

Name and Address of Current Registered Agent:

ALTEMOSE COMMUNITY MANAGMENT, LLC 1326 PLEASANTRIDGE PLACE ORLANDO, FL 32835 US

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

REGISTERED AGENT

04/30/2020

## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0600004088

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

**Officer/Director Detail :** 

Title

Name

FILED Apr 30, 2020 Secretary of State 1966063502CC

> 04/30/2020 Date

Certificate of Status Desired: No

VP

GREEN, WILLIAM

Electronic Signature of Signing Officer/Director Detail

Date