

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006565

**FILED  
Apr 30, 2013  
Secretary of State  
CC1815221259**

**Entity Name:** SECRET ANGELS SAVING HOMEOWNERS, INC.

**Current Principal Place of Business:**

2441 SW WASHINGTON STREET  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

2441 SW WASHINGTON STREET  
PORT ST. LUCIE, FL 34953

**FEI Number: 45-5607535**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WALKO, CHRISTINA  
2441 SE WASHINGTON STREET  
PORT ST. LUCIE, FL 34953 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 PD  
Name WALKO, CHRISTINA  
Address 2441 SW WASHINGTON STREET  
City-State-Zip: PORT ST. LUCIE FL 34953

Title VPTD  
Name MABRAY, VALERIE  
Address 755 RIVERSIDE DRIVE #1334  
City-State-Zip: CORAL SPRNGS FL 33071

Title SD  
Name HAAS, DEBORAH  
Address 2200 WINDING CREEK LANE  
City-State-Zip: FORT PIERCE FL 34981

*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: CHRISTINA WALKO**

**DIRECTOR**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date