

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735978

FILED
Feb 04, 2008
Secretary of State

Entity Name: WALKER'S CAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

854 NAFA DRIVE
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

854 NAFA DRIVE
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIFFIN, WILLIAM R
860 NAFA DRIVE
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIFFIN, WILLIAM R PRES
Address: 860 NAFA DRIVE
City-St-Zip: BOCA RATON, FL 33487

Title: VSD (X) Delete
Name: MANDEL, ARTHUR VICE-PR
Address: 899 NAFA DRIVE
City-St-Zip: BOCA RATON, FL 33487

Title: TD () Delete
Name: ROLLINS, ROBERT TREAS
Address: 854 NAFA DRIVE
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT ROLLINS

TD

02/04/2008

Electronic Signature of Signing Officer or Director

Date