

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -6 AM 9:20

DOCUMENT # N01000000314 1. Entity Name WALTON MANOR CONDOMINIUM, INC.					
Principal Place of Business 3300 N.E. 10TH TERR. POMPANO BEACH, FL 33064			Mailing Address 3300 N.E. 10TH TERR. POMPANO BEACH, FL 33064		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1233500			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ACCOUNTSULT, LLC 8211 W. BROWARD BLVD. STE. 430 PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEHMANN, SONJA 3300 N.E. 10TH TERR. #33 POMPANO BEACH, FL 33064	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARMOL, DANIEL 3300 N.E. 10TH TERR. #38 POMPANO BEACH, FL 33064	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, RAUL H 3300 N.E. 10TH TERR. #20 POMPANO BEACH, FL 33064	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			900123857549 04/17/08--01014--001 **61.25 B 4/17/08		
SIGNATURE: _____			3-17-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		