2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N02000006568

Entity Name: PARENTAL WALK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13820 OLD ST AUGUSTINE RD
#113-332
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

9770 KLINE RD
JACKSONVILLE, FL 32246 US

Current Mailing Address:

13820 OLD ST AUGUSTINE RD
#113-332
JACKSONVILLE, FL 32258 US

New Mailing Address:

9770 KLINE RD
JACKSONVILLE, FL 32246 US

FEI Number: 11-3714321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, JOHN E
8526 BEAUCHAMP LANE
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

VOBRAK, JAMES W
9770 KLINE RD
JACKSONVILLE, FL 32246 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: JAMES VOBRAK 04/14/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: MR ( ) Delete
Name: MARTIN, JOHN E
Address: 13820 OLD ST AUGUSTINE RD #113-332
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: MR ( ) Delete
Name: JAMES, VOBRAK
Address: 9770 KLINE RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: MR ( ) Delete
Name: ADAMS, CLARENCE
Address: 1754 HIGH BROOK CT
City-St-Zip: JACKSONVILLE, FL 32225

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: JAMES VOBRAK MR 04/14/2009
Electronic Signature of Signing Officer or Director Date