2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # N02415 R WALK CONDOMINIUM A	SSOCIATION, INC.					05-02-200	5 90479 ·	027 ****6	1.25	
Principal Place of Business 1986 WINDSOR DRIVE NORTH PALM BEACH, FL 33408 US Mailing Address 1986 WINDSOR DRIVE NORTH PALM BEACH, FL 33408							OLIO 1280 OLIVO 1788	EU AHA ARA I		HT I I I I I I	
2. Principal P	lace of Business	3. Mailing Address	failing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04292005,	Chg-NP	CR2E	037 (10/03)		
City & State		City & State			·	4. FEI Number 59-2644		,	 	oplied For	
Zip	Country	Zip	Cou			5. Certificate o	f Status Desired		\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent						7. Name and A	ddress of Nev	/ Registered	d Agent		
PAVESE, ROBERT 1986 WINDSOR DRIVE				Name Street Address (P.O. Box Number is Not Acceptable)							
	ALM BEACH, FL 33408						 ··				
· 				City	City FL Zip Code						
the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a				_	ed agent, or both	, in the State of	Florida. I an		and accept	
	Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	F		ck payable t artment of S		
10.	OFFICERS AND DIF	ECTORS	11.			ADDITIONS/CHA	NGES TO OFFI	CERS AND D	DIRECTORS IN	10	
TIPLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYTLE, KEITH 1986 WINDSOR DRIVE NORTH PALM BEACH, FL 3340	□ Detete		l l					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PAVESE, ROBERT 1986 WINDSOR DRIVE NORTH PALM BEACH, FL 3340	⊠ Delete 8		E Et address	1910	120T UAN 1302DUW 1302DUW	DRIVE		Change	Addition	
TITLE NAME STREET_ADDRESS_ CITY-ST-ZIP	TD GAUBATZ, GREGG 1986 WINDSOR, DRIVE. NORTH PALM BEACH, FL 3340	Delete		£	750 CYN -184		APTON B. DEINE		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			-NO	S) II. FIIC	in the is	d ", 1_" _	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTING MAKE OF SIGNING OFFICER OR DIRECTOR

4/29/05

561-630-7174

Daytime Phone #