

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02497

FILED  
Mar 02, 2010  
Secretary of State

**Entity Name:** WALKER'S RIDGE ASSOCIATION, INC.

**Current Principal Place of Business:**

10036 SAWGRASS DRIVE WEST  
SUITE 1  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

5455 A1A SOUTH ST  
SUITE 3  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

5455 A1A SOUTH  
SUITE 3  
SAINT AUGUSTINE, FL 32080

**FEI Number:** 59-2481197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAY MANAGEMENT SERVICES  
5455 A1A SOUTH ST  
SUITE 3  
SAINT AUGUSTINE, FL 32080 US

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

MAY MANAGEMENT SERVICES  
5455 A1A SOUTH  
SUITE 3  
SAINT AUGUSTINE, FL 32080 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: ANNA MARKS

03/02/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: ASHTON, BRENT  
Address: 5455 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S  
Name: BRUCE, BUNT  
Address: 5455 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP  
Name: WARNOCK, LARRY  
Address: 5455 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P  
Name: BLAINE, ROBERT  
Address: 5455 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D  
Name: JOHNSON, CHARLES  
Address: 5455 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D  
Name: KOLODINSKI, BILL  
Address: 5455 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: BRENT ASHTON

TREA

03/02/2010

Electronic Signature of Signing Officer or Director

Date