

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90055 046 ****61.25

DOCUMENT # N03000010657

1. Entity Name
WALTON ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**913 HOLBROOK CIRCLE
FT WALTON BEACH, FL 32547**

Mailing Address
**913 HOLBROOK CIRCLE
FT WALTON BEACH, FL 32547**

40055160



03172007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
1054 ROYANNA RD
Suite, Apt. #, etc.

3. Mailing Address
1054 ROYANNA RD
Suite, Apt. #, etc.

City & State
FT WALTON BEACH FL
Zip
32547
Country
USA

City & State
FT WALTON BEACH FL
Zip
32547
Country
USA

4. FEI Number
56-2441622

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRAY, JEAN W
913 HOLBROOK CIRCLE
FT WALTON BEACH, FL 32547**

7. Name and Address of New Registered Agent

Name
TONY MALLINI (GROVER A.)
Street Address (P.O. Box Number is Not Acceptable)
1054 ROYANNA RD
City
FT WALTON BEACH **FL** Zip Code
32547

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 **GROVER A. MALLINI** **Secretary/Treasurer**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/1/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE
D ☒ Delete
NAME
GRAY, JEAN W
STREET ADDRESS
913 HOLBROOK CIRCLE
CITY-ST-ZIP
FT WALTON BEACH, FL 32547

TITLE
D ☒ Delete
NAME
WALTON, ROBERT L
STREET ADDRESS
1070 ROYANNA RD
CITY-ST-ZIP
FORT WALTON BEACH, FL 32547

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
PRES. ☐ Change ☒ Addition
NAME
CANDY BROXSON
STREET ADDRESS
1054 ROYANNA RD.
CITY-ST-ZIP
PORT WALTON BEACH, FL 32547

TITLE
VP ☐ Change ☒ Addition
NAME
DON VARNER
STREET ADDRESS
1055 ROYANNA RD.
CITY-ST-ZIP
FORT WALTON BEACH, FL 32547

TITLE
TREASURER/SECRETARY ☐ Change ☒ Addition
NAME
TONY MALLINI
STREET ADDRESS
1054 ROYANNA RD.
CITY-ST-ZIP
FORT WALTON BEACH, FL 32547

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

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.

SIGNATURE: **GROVER A. MALLINI** **GROVER A. MALLINI** **S/T** **4/1/07** **850 5856377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #