

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03313**

1. Entity Name  
**WALTON DUNES TOWNHOUSE ASSOCIATION, INC.**



Principal Place of Business  
**C/O JAMES P BROOKS  
2208 SANTA CRUZ  
GAUTIER, MS 39553 US**

Mailing Address  
**C/O JAMES P BROOKS  
2208 SANTA CRUZ  
GAUTIER, MS 39553 US**



01052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**63-0880260**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARTH, JAMES C.  
400 SOUTH SHORE DR.  
DESTIN, FL 32541**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
BROOKS, JAMES P  
2208 SANTA CRUZ  
GAUTIER, MS 39553**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
SASSE, EDWARD  
1550 GREEN VALLEY BLVD  
BROOKFIELD, WI 53045**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BAXTER, AL  
585 TERRACE OAKS DR  
ROSWELL, GA 30075**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000578681  
01/09/07-80039-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*[Signature]* **JAMES P. BROOKS / STD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/07**  
Date

**228/497-9838**  
Daytime Phone #