

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000000967**

1. Entity Name  
**WALKERS GLEN PROPERTY OWNERS' ASSOCIATION,  
INC.**



Principal Place of Business  
**6495 WALKERS GLEN DR  
LAKELAND, FL 33813**

Mailing Address  
**6495 WALKERS GLEN DR  
LAKELAND, FL 33813**



01122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1217464**

Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**DORMAN, WILLIAM  
6495 WALKERS GLEN DR  
LAKELAND, FL 33813**

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000433561  
02/24/06-80021-016 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PD  
DORMAN, WILLIAM  
6495 WALKERS GLEN DR  
LAKELAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**DV  
WILLIAMS, THOMAS L  
6555 WALKERS GLEN DR  
LAKELAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**STD  
BAKER, SHARON A  
8475 WALKERS GLEN DR  
LAKELAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**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:**

*William Dorman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/4/06**

Date

**863 293 2131**

Daytime Phone #