

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011398

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: WALKABOUT PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2500 QUANTUM LAKES DR., SUITE 101  
BOYNTON BCH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

7 CORPORATE PLAZA  
NEWPORT BEACH, CA 92660

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

OLENICOFF, IGOR M  
1062 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33071    US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: MACDONALD, DOUGLAS B  
Address: 2500 QUANTUM LAKES DR., SUITE 101  
City-St-Zip: BOYNTON BCH, FL 33426

Title: VD                      ( ) Delete  
Name: OLENICOFF, IGOR  
Address: 2500 QUANTUM LAKES DR., SUITE 101  
City-St-Zip: BOYNTON BCH, FL 33426

Title: SD                      ( ) Delete  
Name: OLENICOFF, NATALIA  
Address: 2500 QUANTUM LAKES DR., SUITE 101  
City-St-Zip: BOYNTON BCH, FL 33426

Title: TD                      ( ) Delete  
Name: BRESOLIN, FIORENZO  
Address: 2500 QUANTUM LAKES DR., SUITE 101  
City-St-Zip: BOYNTON BCH, FL 33426

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NATALIA OLENICOFF

SD

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date