

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010077

FILED  
Apr 19, 2006  
Secretary of State

**Entity Name:** WALKER'S ISLAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2300 90TH ST NW  
BRADENTON, FL 34209

**New Principal Place of Business:**

2400 90TH ST NW  
BRADENTON, FL 34209

**Current Mailing Address:**

2300 90TH ST NW  
BRADENTON, FL 34209

**New Mailing Address:**

2400 90TH ST NW  
BRADENTON, FL 34209

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SCHERMER, ROBERT C ESQUIRE  
1301 6TH AVENUE WEST SUTE 400  
BRADENTON, FL 34205 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: PSTD ( ) Delete  
Name: MANFULL, WILLIAM L  
Address: 2300 90TH ST NW  
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Delete  
Name: SCHERMER, ROBERT C  
Address: 1301 6TH AVE W STE 400  
City-St-Zip: BRADENTON, FL 34205

Title: D ( ) Delete  
Name: MONTALBANO, RONALD A  
Address: 5194 CREEKSIDE TRAIL  
City-St-Zip: SARASOTA, FL 34243

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

Title: PSTD (X) Change ( ) Addition  
Name: MANFULL, WILLIAM L  
Address: 2400 90TH ST NW  
City-St-Zip: BRADENTON, FL 34209

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 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: WILLIAM L MANFULL

PSTD

04/19/2006

Electronic Signature of Signing Officer or Director

Date