

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-28-2008 90327 040 ****61.25

DOCUMENT # N06000004088 1. Entity Name WALKER'S GROVE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 702 CARTER ROAD WINTER GARDEN, FL 34787		Mailing Address 702 CARTER ROAD WINTER GARDEN, FL 34787	
2. Principal Place of Business - No P.O. Box # 89 E 134th ST Suite, Apt. #, etc.		3. Mailing Address P O Box 598 Suite, Apt. #, etc.	
City & State WINTER GARDEN FL		City & State OLUKE FL	
Zip 34787		Zip 34761-0598	
Country		Country	
4. FEI Number 74-3217131		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER'S GROVE, LLC 702 CARTER ROAD WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 89 E 134th ST City WINTER GARDEN FL Zip Code 34787	
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 releasing)			
Filing Fee is \$61.25 Due by May 1, 2008		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STALLARD, RANDALL W 702 CARTER ROAD WINTER GARDEN, FL 34787	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROY, KEVIN R 702 CARTER ROAD WINTER GARDEN, FL 34787	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DENOVE, THOMAS M 702 CARTER ROAD WINTER GARDEN, FL 34787	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	☐ Change ☐ Addition
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: <u>Thomas M Denove</u>		Date <u>5/20/08</u> 4078777344	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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