2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001214

FILED Apr 29, 2008 Secretary of State

Entity Name: WALTON OAKS TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	Y 20 EAST E, FL 32578			
Current Mailing Address:		New Mailing Address:		
	Y 20 EAST E, FL 32578			
FEI Numbe	r: 20-8398157	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
	R, D. MICHAEL	ESQ		
	IN PARKWAY R, FL 32579	US		
SHALIMA The above	R, FL 32579		ourpose of changing its registere	ed office or registered agent, or both,
SHALIMA The above	R, FL 32579 e named entity s te of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
SHALIMA The above in the Stat	R, FL 32579 e named entity s te of Florida. IRE:			ed office or registered agent, or both, Date
SHALIMA The above in the Stat SIGNATU	R, FL 32579 e named entity s te of Florida. IRE:	submits this statement for the particles of Registered Agric Signature of Registered Agric	ent	
SHALIMA The above in the Stat SIGNATU	R, FL 32579 e named entity ste of Florida. JRE: Electron S AND DIREC PD () MCDORMAN, D 4566 HWY 20 E	ic Signature of Registered Agrocks: Delete PARREN EAST	ent	Date
SHALIMA The above in the State SIGNATU OFFICER Title: Name: Address:	R, FL 32579 e named entity ste of Florida. IRE: Electron S AND DIREC PD () MCDORMAN, D 4566 HWY 20 E NICEVILLE, FL	ic Signature of Registered Ag TORS: Delete ARREN EAST 32578 Delete AICHAEL RKWAY	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: DARREN MCDORMAN PD 04/29/2008