

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000001214

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

4566 HWY 20 EAST  
NICEVILLE, FL 32578

**New Principal Place of Business:**

1201 EGLIN PARKWAY  
SHALIMAR, FL 32579

**Current Mailing Address:**

4566 HWY 20 EAST  
NICEVILLE, FL 32578

**New Mailing Address:**

1201 EGLIN PARKWAY  
SHALIMAR, FL 32579

**FEI Number:** 20-8398157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHESSER, D. MICHAEL ESQ  
1201 EGLIN PARKWAY  
SHALIMAR, FL 32579 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:** D. MICHAEL CHESSER, ESQUIRE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CHESSER, MICHAEL  
**Address:** 1201 EGLIN PARKWAY  
**City-St-Zip:** SHALIMAR, FL 32579

**Title:** SD  
**Name:** KENT, MIKE  
**Address:** 205 BROOK STREET, SE  
**City-St-Zip:** FORT WALTON BEACH, FL 32548

**Title:** D  
**Name:** COURINGTON, KENNETH  
**Address:** 113 BAILEY DRIVE STE 4  
**City-St-Zip:** NICEVILLE, FL 32578

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL CHESSER

PD

03/04/2011

Electronic Signature of Signing Officer or Director

Date