

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90310 006 ****61.25

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01192005 Chg-NP CR2E037 (10/03)

DOCUMENT # N36246 1. Entity Name WALKER'S GLEN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O SCHLITT PROP. MGMT. 3240 CARDINAL DRIVE VERO BEACH, FL 32963 US			Mailing Address C/O SCHLITT PROP. MGMT. 3240 CARDINAL DRIVE VERO BEACH, FL 32963 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0210468	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHLITT, STEVEN R SCHLITT PROPERTY MANAGEMENT 3240 CARDINAL DRIVE VERO BEACH, FL 32963			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TB	<input type="checkbox"/> Delete	TITLE	P	Change <input checked="" type="checkbox"/> Addition
NAME	HOOVER, ADAM		NAME	JAMES LEFFEW	
STREET ADDRESS	2440 46TH AVE		STREET ADDRESS	4560 33RD WAY	
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		Change <input type="checkbox"/> Addition
NAME	HARVIN, PATRICIA		NAME		
STREET ADDRESS	2500 45TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	Change <input checked="" type="checkbox"/> Addition
NAME	POPE, CHARLES		NAME	POPE, CHARLES	
STREET ADDRESS	2305 46TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		Change <input type="checkbox"/> Addition
NAME	MASCIOPINTO, FRANK		NAME	AMATO, JAN	
STREET ADDRESS	4430 23RD WAY		STREET ADDRESS	2525 46TH AVE.	
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	S	Change <input type="checkbox"/> Addition
NAME	O'KEEFE, KAY		NAME	LOIS KERECHER	
STREET ADDRESS	2445 46TH AVE		STREET ADDRESS	4565 32ND LANE	
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE		<input type="checkbox"/> Delete	TITLE		Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			4/22/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		