

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90229 017 ****61.25

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 Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State 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 SCHLITT, STEVEN R SCHLITT PROPERTY MANAGEMENT 3240 CARDINAL DRIVE VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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: TD NAME: HOOVER, ADAM STREET ADDRESS: 2440 46TH AVE CITY-ST-ZIP: VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Delete		TITLE: VP NAME: HARVIN, CHARLES STREET ADDRESS: 2500 45TH AVE. CITY-ST-ZIP: VERO BEACH, FL 32966	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: P NAME: LEFFEY, JAMES STREET ADDRESS: 4560 23RD WAY CITY-ST-ZIP: VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Delete		TITLE: T NAME: KERENTZ, VAROUTAN STREET ADDRESS: 2325 46TH AVE. CITY-ST-ZIP: VERO BEACH, FL 32966	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: VP NAME: POPE, CHARLES STREET ADDRESS: 2305 46TH AVENUE CITY-ST-ZIP: VERO BEACH, FL 32966	<input type="checkbox"/> Delete		TITLE: D NAME: FITZGERALD, MARY VIRGINIA STREET ADDRESS: 4540 22ND LANE CITY-ST-ZIP: VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: AMATO, JAN STREET ADDRESS: 2525 46TH AVE CITY-ST-ZIP: VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Delete		TITLE: P NAME: KERECHEK, LOIS STREET ADDRESS: 4565 22ND LANE CITY-ST-ZIP: VERO BEACH, FL 32966	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P NAME: KERECHEK, LOIS STREET ADDRESS: 4565 22ND LANE CITY-ST-ZIP: VERO BEACH, FL 32966	<input type="checkbox"/> Delete		TITLE: P NAME: KERECHEK, LOIS STREET ADDRESS: 4565 22ND LANE CITY-ST-ZIP: VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P NAME: KERECHEK, LOIS STREET ADDRESS: 4565 22ND LANE CITY-ST-ZIP: VERO BEACH, FL 32966	<input type="checkbox"/> Delete		TITLE: P NAME: KERECHEK, LOIS STREET ADDRESS: 4565 22ND LANE CITY-ST-ZIP: VERO BEACH, FL 32966	<input type="checkbox"/> Change <input type="checkbox"/> 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>Lois Kerechek</u> <i>President</i> <u>4/21/06</u> <u>770-770-6687</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

LOIS KERECHEK