FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N9200000158 (7) 1. Corporation Name					
WALKE	R ACRES HOMEOWN	IERS' ASSOCIATION, INC.			
Principal Place	of Business	Mailing Address	Mailing Address		
ROUTE 8 BO	X 138-A	ROUTE 8 BOX 138-A			
LIVE OAK FL	. 32060	LIVE OAK FL 32060			
				3. Date Incorporated or Qualified 11/06/1992	3a. Date of Last Report 02/13/1995
2. Principal Place of Business		2a. Mailing Address	^	4. FEI Number 59-3189397	Applied For
21 14952 Suite, Apt.	2 U.S. 90	26 14952 U.S. 9 Suite, Apt. #, etc.	0		Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
	Oak, FL	City & State Live Oak, FL		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 32060	Gountry 25	Zip 32060 3	Country	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, □ Yes □ No
9. Name and Address of Current Registered Agent			<u>ارم</u>	10. Name and Address of New Registered Agent	
	·······		81 Name	T . TT . T	<u> </u>
LAWSON, WALTER J			82 Street	Lawson, Walter J. Address (P.O. Box Number is Not Acceptab	ole)
	ROUTE 8 BOX 138-A			14952 U.S. 90	
LIVE OA	K FL 32060		63	to was in	
			84 City	Live Oak	FL 85 Zip Code 32060
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the or registered agent, or both, in the State of Florida. Such change was authorized by familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			he above-named co	propration submits this statement for the pur	
or registere familiar wit	ed agent, or both, in the State h, and agcept the obligations o	of Florida. Such change was auth ori zed b of, Section 617.0503, Florida Statutes.	y the corporation's	board of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE _	Maller Joseph	· Kawsa			April 16, 1996
12.		ro agont and title if arplicable. (NOTE: FI RS AND DIRECTORS	legistered Agent signature re	equired when reinstaling) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	PD	Change Addition
NAME	LAWSON, WALTER J		1.2 NAME	Lawson, Walter J.	
STREET ADDRESS	RT. 8 BOX 138-A		1.3 STREET ADDRESS	14952 U.S. 90	
CITY-ST-ZIP	LIVE OAK FL 32060		1.4 CITY - \$1 - ZIP	Live Oak, FL 32060	
TITLE	STD	DELETE	2.1 TITLE	STD	Change 🔲 Addition
NAME	LAWSON, NORMA A		2.2 NAME	Lawson, Norma A.	
STREET ADDRESS	RT. 8 BOX 138-A LIVE OAK FL 32060		2.3 STREET ADDRESS	14952 U.S. 90	
CITY-\$T-ZIP	D DAN FL 32000	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Live Oak, FL 32060	Change Addition
NAME	HAYNES, DANA S		3.2 NAME		
STREET ADDRESS	RT. 7 BOX 199		3.3 STREET ADDRESS	. •	
CITY-ST-ZIP	LIVE OAK FL 32060		3.4. CITY-\$1-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE		[]Dete(E	5.1 TITLE		
NAME STREET ADDRESS			5.2 NAME 5.3 STREET, ADDRESS	20000180 -05/02/96010	リサンロム 115032
CITY-ST-ZIP			5.4 CiTY - S1 - ZiP	***61.25	raine transmission and a second se

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

5.4 CITY - \$1 - ZIP

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

TITLE

NAME

DELETE

Daytime Prione #

Change