

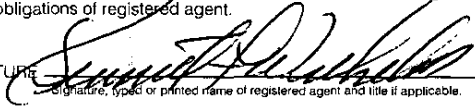
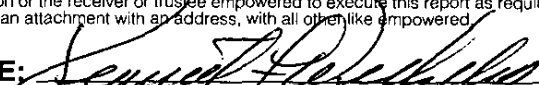


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90016 042 \*\*\*\*61.25

<b>DOCUMENT # N93000004299</b>					
<b>1. Entity Name</b> LAKE WALKER SHORES PROPERTY OWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5100 US 98 N SUITE 15 LAKELAND, FL 33809			<b>Mailing Address</b> 5529 US 98 N <del>SUITE 15</del> LAKELAND, FL 33809		
<b>2. Principal Place of Business</b> 5529 US 98 N Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5529 US 98 N Suite, Apt. #, etc.			
City & State Lakeland FL		City & State Lakeland FL		<b>4. FEI Number</b> 59-3235626	
Zip 33809		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WILHELM, KENNETH F <del>5100 US 98 N</del> <del>SUITE 15</del> LAKELAND, FL 33809			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 5529 US 98 N City Lakeland FL Zip Code 33809		
<b>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.</b> SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, JOE L <input type="checkbox"/> Delete <del>5100 U.S. 98N #15</del> 5529 US 98 N LAKELAND, FL 33809				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILHELM, KENNETH, F <input type="checkbox"/> Delete <del>5100 U.S. 98N #15</del> 5529 US 98 N LAKELAND, FL 33809				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, RONALD, V <input type="checkbox"/> Delete 5100 U.S. 98N #15 LAKELAND, FL 33809				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUSH, TONY R <input type="checkbox"/> Delete 3836 WALKER SHORES DR BARTOW, FL 33830				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACKSON, CINDY <input type="checkbox"/> Delete 3742 WALKER SHORES DR BARTOW, FL 33830				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BUSH, CYNTHIA <input type="checkbox"/> Delete 3836 WALKER SHORES DR BARTOW, FL 338308479				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP					
TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP					
<b>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.</b>					
<b>SIGNATURE:</b>  <b>8-17-04 865/858-4199</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					