

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90039 029 ****61.25

DOCUMENT # N95000002586					
1. Entity Name PAINTERS WALK SUBDIVISION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3084 PAINTERS WALK FLAGLER BEACH, FL 32136 US			Mailing Address PO BOX 2360 FLAGLER BEACH, FL 32136 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02162007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3381947	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COULTER, ROBERT 2996 PAINTERS WALK FLAGLER BEACH, FL 32136			7. Name and Address of New Registered Agent Name BRYAN MACKLIN Street Address (P.O. Box Number is Not Acceptable) 3047 PAINTERS WALK City FLAGLER BEACH FL Zip Code 32136		
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 <i>Bryan Macklin</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			BRYAN MACKLIN, President 2/16/2007 <small>(NOTE: Registered Agent signature required when reappointing)</small> DATE		
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	D3 LIGHTMAN, TED 3035 PAINTERS WALK FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MACKLIN, BRYAN 3047 PAINTERS WALK FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHULMAN, STEVEN 3027 PAINTERS WALK FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	OREN FRESHOUR 3068 PAINTERS WALK FLAGLER BEACH, FL 32136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete WALKER, RENEE 3063 PAINTERS WALK FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TONY MASSARO 3010 PAINTERS WALK FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T ORAVETZ, CAROL PO BOX 2360, 3084 PAINTERS WALK FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COULTER, ROBERT PO BOX 2189, 2996 PAINTERS WALK FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" 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: <i>Carol J. Oravetz</i> CAROL J. ORAVETZ 2/17/07 386-439-4691 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					