

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90094 036 ****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 # 3079 Painters Walk Suite, Apt. #, etc.		3. Mailing Address 3079 Painters Walk Suite, Apt. #, etc.			
City & State Flagler Beach, FL		City & State Flagler Beach, FL		4. FEI Number 59-3381947	
Zip 32136		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MACKLIN, BRYAN 3047 PAINTERS WALK FLAGLER BEACH, FL 32136			7. Name and Address of New Registered Agent Name: Susan Coleman Street Address (P.O. Box Number is Not Acceptable): 3079 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: <u>Susan Coleman</u> Signature, typed or printed name of registered agent and the if applicable.			DATE: <u>4/18/08</u> (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 D3 NAME LIGHTMAN, TED STREET ADDRESS 3035 PAINTERS WALK CITY - ST - ZIP FLAGLER BEACH, FL 32136	☒ Delete		TITLE Oren Freshour NAME 3068 Painters Walk STREET ADDRESS Flagler Beach FL 32136 CITY - ST - ZIP	☐ Change ☒ Addition	
TITLE VP NAME MACKLIN, BRYAN STREET ADDRESS 3047 PAINTERS WALK CITY - ST - ZIP FLAGLER BEACH, FL 32136	☐ Delete		TITLE VP NAME Tony Massaro STREET ADDRESS 3010 Painters Walk CITY - ST - ZIP Flagler Beach, FL 32136	☐ Change ☒ Addition	
TITLE D NAME SCHULMAN, STEVEN STREET ADDRESS 3027 PAINTERS WALK CITY - ST - ZIP FLAGLER BEACH, FL 32136	☐ Delete		TITLE D NAME Jim Cullen STREET ADDRESS 3041 Painters Walk CITY - ST - ZIP Flagler Beach FL 32136	☐ Change ☒ Addition	
TITLE D NAME WALKER, RENEE STREET ADDRESS 3063 PAINTERS WALK CITY - ST - ZIP FLAGLER BEACH, FL 32136	☒ Delete		TITLE D NAME Bob Walker STREET ADDRESS 3063 Painters Walk CITY - ST - ZIP Flagler Beach FL 32136	☐ Change ☒ Addition	
TITLE S/T NAME ORAVETZ, CAROL STREET ADDRESS PO BOX 2360, 3084 PAINTERS WALK CITY - ST - ZIP FLAGLER BEACH, FL 32136	☒ Delete		TITLE S/T NAME Susan Coleman STREET ADDRESS 3079 Painters Walk CITY - ST - ZIP Flagler Beach, FL 32136	☐ Change ☒ Addition	
TITLE P NAME COULTER, ROBERT STREET ADDRESS PO BOX 2189, 2996 PAINTERS WALK CITY - ST - ZIP FLAGLER BEACH, FL 32136	☒ Delete		TITLE P NAME Bryan Macklin STREET ADDRESS 3047 Painters Walk CITY - ST - ZIP Flagler Beach FL 32136	☐ Change ☒ 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>Susan Coleman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: <u>4/18/08</u> Daytime Phone #		