

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N96000003034

1. Entity Name  
SOUTH WALK HOMEOWNERS ASSOCIATION, INC.



FILED

2007 AUG 13 AM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
PMB 119  
4255 US HIGHWAY 1 SOUTH, SUITE 18  
ST. AUGUSTINE, FL 32086 US

Mailing Address  
PMB 119  
4255 US HIGHWAY 1 SOUTH, SUITE 18  
ST. AUGUSTINE, FL 32086 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06112007 Chg-NP CR2E037 (12/06)

4. FEI Number -  
59-3395061

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLARD, DEBRA  
151 CREEKSIDE DR  
ST AUGUSTINE, FL 32086

7. Name and Address of New Registered Agent

Name **DAN BLACKBORN, PRES.**  
Street Address (P.O. Box Number is Not Acceptable)  
**SOUTHWALK HOMEOWNERS' ASSOC.  
225 MICHAEL DRIVE**  
City **ST AUGUSTINE** FL Zip Code **32086**

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

8-2-07

Amended AR is \$61.25

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 PD ☒ Delete  
NAME COLLARD, DEBRA  
STREET ADDRESS 151 CREEKSIDE DRIVE  
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE **D P** ☒ Change ☒ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **DAN BLACKBORN**  
CITY-ST-ZIP **225 MICHAEL DR.**  
**ST. AUGUSTINE, FL. 32086**

TITLE VPD ☒ Delete  
NAME HEUMPHREUS, MICHAEL  
STREET ADDRESS 151 CREEKSIDE DRIVE  
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE **D V** ☒ Change ☒ Addition  
NAME **VICE-PRESIDENT**  
STREET ADDRESS **SUSAN MAROZZI**  
CITY-ST-ZIP **112 SOUTHWALK PL.**  
**ST. AUGUSTINE FL 32086**

TITLE D ☒ Delete  
NAME BURKHARDT, MICHAEL  
STREET ADDRESS 4325 APPLE TREE PLACE  
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE **D T** ☒ Change ☒ Addition  
NAME **TREASURER**  
STREET ADDRESS **ROBERT QUINNEY**  
CITY-ST-ZIP **200 MICHAEL DR.**  
**ST. AUGUSTINE FL 32086**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D S** ☒ Change ☒ Addition  
NAME **GERALDINE JOHNSON**  
STREET ADDRESS **221 MICHAEL DR.**  
CITY-ST-ZIP **ST. AUGUSTINE FL. 32086**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300108387763  
08/21/07--01054--015 \*\*61.25

2. 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-07

Date

794-7505

Daytime Phone #

8/15/07