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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90033 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004028

1. Corporation Name

WALNUT CREEK COMMUNITY ASSOCIATION, INC.

Principal Place of Business

8190 STATE ROAD 84
 DAVIE FL 33324

Mailing Address

8190 STATE ROAD 84
 DAVIE FL 33324



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	07/10/1998
23. City & State	27. City & State	4. FEI Number
24. Zip	28. Zip	65-0886940
25. Country	29. Country	5. Certificate of Status Desired
30. Country	30. Country	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
 100 S.E. SECOND STREET
 STE. 2800
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/>
NAME	EISENMAN, TOREY	
STREET ADDRESS	8190 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	DV	<input checked="" type="checkbox"/>
NAME	WOODREY, SCOTT	
STREET ADDRESS	8190 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	V	<input type="checkbox"/>
NAME	DUDLEY, DOYLE	
STREET ADDRESS	8190 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	DST	<input type="checkbox"/>
NAME	BLACKWELL, ANN	
STREET ADDRESS	8190 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	DV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Hart, GARRICK		
2.3 STREET ADDRESS	8190 STATE ROAD 84		
2.4 CITY-ST-ZIP	DAVIE FL 33324		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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 with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *[Signature]* 1/4/99 98770 0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 at 104

CR2E037 (11/98)