


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90005 010 \*\*\*\*61.25

**DOCUMENT # N98000004028**

1. Entity Name  
**WALNUT CREEK COMMUNITY ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**8190 STATE ROAD 84  
 DAVIE FL 33324**      **8190 STATE ROAD 84  
 DAVIE FL 33324**

**34034314**

2. Principal Place of Business      3. Mailing Address

**7500 NW 20 STREET**      **← SAME**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



MOORE      CR2E037 (11/03)

City & State      City & State

**P. Pines FL 33024**      **← SAME**

Zip      Country      Zip      Country

**33024**      **BROWARD**

4. FEI Number      Applied For

**65-0886940**       Not Applicable

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

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BAKALAR, BROUGH & CHADROW, P.A.  
 150 S PINE ISLAND RD, SUITE 540  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name  
**Campbell Management**

Street Address (P.O. Box Number is Not Acceptable)  
**4373 Rock Island Rd**

City      State      Zip Code

**Lauderhill**      **FL**      **33319**

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 **CHRISTOPHER MARINO**      **PROPERTY MANAGER**      **5-5-04**

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

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2004**

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

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>CAPUTO, SHARON<br>8190 STATE ROAD 84<br>DAVIE FL 33324 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>DUDLEY, DOYLE<br>8190 STATE ROAD 84<br>DAVIE FL 33324   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>BLAIR, GREG<br>8190 SR 84<br>DAVIE FL 33324           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>SCHRAGER, MARLENE<br>8190 SR 84<br>DAVIE FL 33324     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP PRESIDENT<br>JEFF GROSS<br>7575 NW 19 DR<br>P. Pines, FL 33024         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD VICE PRESIDENT<br>JIM HYNES<br>1381 NW 72 Way<br>P. Pines FL 33024    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST SECRETARY<br>FRANKIE WILSON<br>2280 NW 74 Way<br>P. Pines, FL 33024   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT TREASURER<br>SUSAN HALPERN<br>2167 NW 73 Terrace<br>P. Pines, FL 33024 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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.

SIGNATURE: **Christopher Marino**      **5/5/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #