

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 17, 2009
Secretary of State**

DOCUMENT# N98000004028

Entity Name: WALNUT CREEK COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:7500 NW 20 STREET
PEMBROKE PINES, FL 33024**New Principal Place of Business:****Current Mailing Address:**7500 NW 20 STREET
PEMBROKE PINES, FL 33024**New Mailing Address:**

FEI Number: 65-0886940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BAKALAR, BROUGH & CHADROW, P.A. ATTORNEY
150 SOUTH PINE ISLAND ROAD
540
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**KEN DIREKTUR-BECKER & PALIAKOFF
625 N. FLAGLER DRIVE , 7TH FLOOR
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: SOF

11/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PRES () Delete
Name: GROSS, JEFF PRESIDE
Address: 7575 NW 19 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024Title: VP () Delete
Name: ROBERT, SENATORE TREASUR
Address: 2935 NW 78TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024Title: SEC () Delete
Name: ROSS, BETTE SECRETA
Address: 7384 NW 21ST STREET
City-St-Zip: PEMBROKE PINES, FL 33024Title: VP () Delete
Name: SUSAN, GRAF VP
Address: 1850 NW 72ND WAY
City-St-Zip: PEMBROKE PINES, FL 33024Title: VP () Delete
Name: BARUA, RATAN VP
Address: 7531 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33024Title: VP () Delete
Name: MUNJU, ALI N. VP
Address: 7700 NW 23TH COURT
City-St-Zip: PEMBROKE PINES, FL 33024**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP (X) Change () Addition
Name: ROBERT, SENATORE
Address: 2935 NW 78TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOF

PRES

11/17/2009

Electronic Signature of Signing Officer or Director

Date