

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00733

**Entity Name:** WALTON COURT PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2261 SE BRASHFORD ST  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

2261 S E BRASHFORD ST  
PORT ST. LUCIE, FL 34952 US

**FEI Number:** 59-2458196

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FLORIDA ASSOCIATION ATTORNEYS  
824 W. INDIANTOWN ROAD  
JUPITER, FL 33458 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:** BRENNAN GROGAN

02/15/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name POHL, BARBARA  
Address 2396 BRECKENRIDGE CIR.  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title PRESIDENT  
Name POOLE, DONALD  
Address 2369 SE BRECKENRIDGE CIRCLE  
City-State-Zip: PORT ST. LUCIE FL 34952

Title TREASURER  
Name RAFFAELI, JOSEPH  
Address 2247 SE BRECKENRIDGE CIRCLE  
City-State-Zip: PORT ST. LUCIE FL 34952

Title VP  
Name CATOIRE, JUDY  
Address 2289 SE BRECKENRIDGE CIRCLE  
City-State-Zip: PORT ST. LUCIE FL 34952

Title DIRECTOR  
Name ROBINSON, JACQUELINE  
Address 2259 SE BRECKENRIDGE CIRCLE  
City-State-Zip: PORT ST. LUCIE FL 34952

*I hereby 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 all other like empowered.*

**SIGNATURE:** BARBARA POHL

**SECRETARY**

02/15/2025

Electronic Signature of Signing Officer/Director Detail

Date