

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006343

**Entity Name:** WALKER AVENUE COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 16, 2017**  
**Secretary of State**  
**CC6936440226**

**Current Principal Place of Business:**

17304 WALKER AVENUE  
116  
MIAMI, FL 33157

**Current Mailing Address:**

17304 WALKER AVE  
116  
MIAMI, FL 33157

**FEI Number: 20-0093881**

**Certificate of Status Desired: No**

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

KRAPF, JAMES K  
8900 SW 120 STREET  
MIAMI, FL 33176 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BROWN , HARRELL  
Address 22824 SW 114 AVE  
City-State-Zip: MIAMI FL 33170

Title VPT  
Name WATSON, SHEILA SIMMS  
Address 17304 WALKER AVE #116  
City-State-Zip: MIAMI FL 33157

Title DS  
Name RAMKISHUN, HANSRAJ  
Address 17304 WALKER AVE #111  
City-State-Zip: MIAMI FL 33157

*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: HARRELL BROWN**

**PRESIDENT**

**03/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date