2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007063

FILED Feb 18, 2009 Secretary of State

Entity Name: WALDEN RESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1507 S. ALEXANDER ST 3405 WALDEN RESERVE DRIVE

SUITE 103 PLANT CITY, FL 33566 PLANT CITY, FL 33563

Current Mailing Address: New Mailing Address:

PO BOX 3566 PO BOX 5151

PLANT CITY, FL 33563 PLANT CITY, FL 33563

FEI Number: 20-4686155 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PROFESSIONAL PROPERTY MGMT SVC, LLC FIGEL, NAOMI 3405 WALDEN RESERVE DRIVE

SUITE 103 PLANT CITY, FL 33563 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: NAOMI FIGEL 02/18/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition Name: TUCKER, HARVEY Name: PURE, MARTIN

Address: 772 WEST LUMSDEN RD Address: 3516 REGNER DRIVE
City-St-Zip: BRANDON, FL 33511 City-St-Zip: PLANT CITY, FL 33566

Address: 772 WEST LUMSDEN RD Address: 3405 WALDEN RESERVE DRIVE City-St-Zip: BRANDON, FL 33511 City-St-Zip: PLANT CITY, FL 33566

Title: S/TR () Delete Title: SEC (X) Change () Addition Name: GLESSNER, LEN Name: STEVENS, MICHAEL

Address: 772 WEST LUMSDEN RD Address: 3407 WALDEN RESERVE DRIVE

City-St-Zip: BRANDON, FL 33511 City-St-Zip: PLANT CITY, FL 33566

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: NAOMI FIGEL VP/T 02/18/2009