

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2007
Secretary of State**

DOCUMENT# N06000000460

Entity Name: WALDEN PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9350 SOUTH DIXIE HIGHWAY
SUITE 1500
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9350 SOUTH DIXIE HIGHWAY
SUITE 1500
MIAMI, FL 33156

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF FLORIDA
2121 PONCE DE LEON BLVD #1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERNANDEZ-SASTRE, BRYAN
Address: 9350 SOUTH DIXIE HIGHWAY SUITE 1500
City-St-Zip: MIAMI, FL 33156

Title: SD () Delete
Name: SEGREDO, FRANK J
Address: 9350 SOUTH DIXIE HIGHWAY SUITE 1500
City-St-Zip: MIAMI, FL 33156

Title: TD () Delete
Name: FERNANDEZ-SASTRE, BRYAN
Address: 9350 SOUTH DIXIE HIGHWAY SUITE 1500
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BRYAN SASTRE-FERNANDEZ

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date