


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90007 007 ****61.25

DOCUMENT # N06000000460

1. Entity Name
WALDEN PALMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**9350 SOUTH DIXIE HIGHWAY
 SUITE 1500
 MIAMI, FL 33156**

Mailing Address
**9350 SOUTH DIXIE HIGHWAY
 SUITE 1500
 MIAMI, FL 33156**

40047644



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
396 Alhambra Circle

Suite, Apt. #, etc.
230

03072008 Chg-NP CR2E037 (12/06)

City & State
Coral Gables, FL

Zip
33134 Country
USA

4. FEI Number
~~NOT APPLICABLE~~ **20-4767229** Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent

Name
CANE ACQUISITIONS, INC.

Street Address (P.O. Box Number is Not Acceptable)
601 BRICKELL KEY DRIVE SUITE 505

City
MIAMI FL Zip Code
33131

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ-SASTRE, BRYAN 9350 SOUTH DIXIE HIGHWAY SUITE 1500 MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEGREDO, FRANK J 9350 SOUTH DIXIE HIGHWAY SUITE 1500 MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ-SASTRE, BRYAN 9350 SOUTH DIXIE HIGHWAY SUITE 1500 MIAMI, FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lawrence A. Sridick, President CANE ACQUISITIONS, INC 601 BRICKELL KEY DRIVE SUITE 505 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. C. ...* President Cane Acquisitions Inc, Manager
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **3/13/08**
 Daytime Phone #: **305.771.3902**