## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000000460

FILED Apr 28, 2009 Secretary of State

Entity Name: WALDEN PALMS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

9350 SOUTH DIXIE HIGHWAY

**SUITE 1500** 

MIAMI, FL 33156

**Current Mailing Address:** 

396 ALHAMBRA CIR STE 230

MIAMI, FL 33134

FEI Number: 20-4767229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

SUITE 505

SUITE 505 MIAMI, FL 33131

MIAMI, FL 33131

**New Mailing Address:** 

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

CANE ACQUISITIONS, INC 601 BRICKELL KEY DRIVE STE 505

MIAMI, FL 33131

Name and Address of New Registered Agent:

SAICHEK, LAWRENCE A 601 BRICKELL KEY DRIVE STE 505

**New Principal Place of Business:** 

601 BRICKWELL KEY DRIVE

601 BRICKWELL KEY DRIVE

MIAMI, FL 33131 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: LAWRENCE A SAICHEK

Electronic Signature of Registered Agent

04/28/2009

Date

**OFFICERS AND DIRECTORS:** 

() Delete

FERNANDEZ-SASTRE, BRYAN Name:

Address: 9350 SOUTH DIXIE HIGHWAY SUITE 1500

City-St-Zip: MIAMI, FL 33156

Title: (X) Delete SNIDEK, LAWRENCE A Name:

Address: CA, INC. 601 BRICKELL KEY DR STE 505

City-St-Zip: MIAMI, FL 33131 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

Name: SAICHEK, LAWRENCE

Address: 601 BRICKWELL KEY, SUITE 505

City-St-Zip: MIAMI, FL 33131

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: LAWRENCE A. SAICHEK MGR 04/28/2009