

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004606

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: WALDEN CHASE TOWNHOME OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

8009 S ORANGE AVE  
ORLANDO, FL 32809

## New Principal Place of Business:

5955 T.G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822

## Current Mailing Address:

8009 S ORANGE AVE  
ORLANDO, FL 32809

## New Mailing Address:

5955 T.G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822

FEI Number: 56-2623473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LELAND MANAGEMENT  
8009 S ORANGE AVE  
ORLANDO, FL 32809 US

## Name and Address of New Registered Agent:

LELAND MANAGEMENT  
5955 T.G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822 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:

04/28/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BONTRAGER, THOMAS K  
Address: 2301 LUCIEN WAY, SUITE 400  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: SHEELER, LAWRENCE M  
Address: 2301 LUCIEN WAY, SUITE 400  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: CHOMA, DEBRA  
Address: 2301 LUCIEN WAY, SUITE 400  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: BONTRAGER, THOMAS K  
Address: 2301 LUCIEN WAY, SUITE 400  
City-St-Zip: MAITLAND, FL 32751

Title: DVP (X) Change ( ) Addition  
Name: MAKRANSKY, JAMES  
Address: 2301 LUCIEN WAY, SUITE 400  
City-St-Zip: MAITLAND, FL 32751

Title: DST (X) Change ( ) Addition  
Name: CHOMA, DEBRA  
Address: 2301 LUCIEN WAY, SUITE 400  
City-St-Zip: MAITLAND, FL 32751

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: THOMAS K. BONTRAGER

DP

04/28/2008

Electronic Signature of Signing Officer or Director

Date