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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 8:21

DOCUMENT # N26438 (4)

1. Corporation Name
SUTTON PLACE OF WALDEN LAKE HOMEOWNERS ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
1602 WEST TIMBERLANE DRIVE PLANT CITY FL 33567-5729	1602 WEST TIMBERLANE DRIVE PLANT CITY FL 33567-5729

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1988
3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-2889708 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 1701 S. Alexander	2a. Mailing Address 26 P. O. Box 5698
Suite, Apt. #, etc. 22 Suite 113	Suite, Apt. #, etc. 27
City & State 23 Plant City, FL	City & State 28 Sun City Center, FL
Zip / Country 24 33567 / 25	Zip / Country 29 33571 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLINN, MILTON G ~~1602 W TIMBERLANE DRIVE~~ ~~PLANT CITY FL 33567~~	2020 Clubhouse Drive Sun City Center, FL 33573
	01 Name
	02 Street Address (P.O. Box Number is Not Acceptable): 2020 Clubhouse Drive
	03
	04 City: Sun City Center FL 05 Zip Code: 33573

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	~~RILEY, TOM~~	12 NAME	James T. Riley	
STREET ADDRESS	~~1602 W. TIMBERLAND DR.~~	13 STREET ADDRESS	1701 S. Alexander, Ste. 113	
CITY-ST-ZIP	~~PLANT CITY FL~~	14 CITY-ST-ZIP	Plant City, FL 33567	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	CONDOROUSIS, NICK	22 NAME		
STREET ADDRESS	2020 CLUBHOUSE DR.	23 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	NELSON, GARY W.	32 NAME		
STREET ADDRESS	~~1602 W TIMBERLANE DR~~	33 STREET ADDRESS	2020 Clubhouse Drive	
CITY-ST-ZIP	~~PLANT CITY FL~~	34 CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Gary Nelson 6-8-95 813/634-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013020