

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 19 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 592994 (8)
 1. Corporation Name
WALDEN LAKE HOMES AND TOWNHOUSES, INC.



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|---|--|
| Principal Place of Business 1701 S.ALEXANDER STREET 2 SUITE 104 PLANT CITY FL 33567 | Mailing Address 1701 S.ALEXANDER STREET 2 SUITE 104 PLANT CITY FL 33567-5765 |
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| | |
|---|--|
| 3. Date Incorporated or Qualified 11/13/1978 | 3a. Date of Last Report 08/12/1996 |
| 4. FEI Number 59-1960924 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Country |
| 24. Zip | 25. Country |
| 29. Zip | 30. Country |

9. Name and Address of Current Registered Agent
CONOVER, MARY SMITH
2709 ROCKY POINT DR
TAMPA FL 33607

10. Name and Address of New Registered Agent

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|--|
| 81. Name CONOVER, MARY SMITH |
| 82. Street Address (P.O. Box Number is Not Acceptable) 1701 S. ALEXANDER ST #104 |
| 83. City PLANT CITY FL |
| 84. Zip Code 33567 |

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: *Mary Smith Conover* **MARY SMITH CONOVER PD** DATE: **2-11-97**

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---|
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | CONOVER, MARY SMITH |
| STREET ADDRESS | 416 ROYAL PALM WAY |
| CITY - ST - ZIP | TAMPA FL |
| TITLE | VST <input checked="" type="checkbox"/> DELETE |
| NAME | MOOSER, MELISSA S. |
| STREET ADDRESS | 4526 ROSEMERE ROAD |
| CITY - ST - ZIP | TAMPA FL |
| TITLE | T <input checked="" type="checkbox"/> DELETE |
| NAME | ROBIN, DAVIS |
| STREET ADDRESS | 2024 RONALD CIRCLE |
| CITY - ST - ZIP | SEFFNER FL 33584 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | FRANK SWEENEY |
| 1.3 STREET ADDRESS | 1701 S. ALEXANDER ST #104 |
| 1.4 CITY - ST - ZIP | PLANT CITY FL 33567 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Smith Conover* **MARY SMITH CONOVER** DATE: **2-11-97** 752-2087 813-286-1258

CR2E034 (9/96)