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Mar 18 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
1. Corporation Name
'Walden Lake Homes & Townhouses, Inc.

Principal Place of Business: 1701 S. Alexander St. Suite 104 Plant City, Fl. 33567
Mailing Address: 416 Royal Palm Way Tampa, Fl. 33609

2. Principal Place of Business: 1701 S. Alexander St. Suite # 104 Plant City, Fl. 33567
2a. Mailing Address: 416 Royal Palm Way Suite, Apt. #, etc. Tampa, Fl. 33609
23. City & State: Plant City, Fl.
28. City & State: Tampa, Fl.

3. Date Incorporated or Qualified
3a. Date of Last Report: 2-19-97
4. FEI Number: 59-1690924
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
Mary Smith Conover
416 Royal Palm Way
Tampa, Fl. 33609

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when re-registering) DATE:

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Mary Smith Conover	
STREET ADDRESS	416 Royal Palm Way	
CITY-ST-ZIP	Tampa, Fl. 33609	
TITLE	Vice President	<input checked="" type="checkbox"/> DELETE
NAME	Frank Sweeney	
STREET ADDRESS	1201 W. Sandalwood Dr.s.	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Mary Smith Conover	
13 STREET ADDRESS	416 Royal Palm Way	
14 CITY-ST-ZIP	Tampa, FL 33609	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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* March 5, 1997 (813) 286-1258

CR2E034 (9/96)