FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2001 8:00 am Secretary of State DOCUMENT # N9500003124 1. Entity Name 04-03-2001 90043 047 \*\*\*\*61.25 WALDEN LAKE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 297129 P.O. BOX 297129 PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 Principal Place of Business LONTINENTAL GROUP LTD DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0680346 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) TUDZAROV & GREENBERG, P.A. 345 W. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33311 Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. $\Box$ Department of State FEE IS \$61.25 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Addition MARTIN-BUSH, ELIZABETH NAME NAME STREET ADDRESS 20455 S.W. 5TH STREET STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-ZIP **VPD ⊠** Delete TITLE ☐ Change TITLE **EVELYN CASTILLO-BACH** ALONSO, ALVARO NAME NAME 20440 SW-1ST\_STREET STREET ADDRESS STREET ADDRESS 20519 S.W. 1ST STREET PEMBROKE PINES, FL 33029 CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-ZIP SD ☐ Delete ☐ Addition TITLE TITLE Director Change RESILLEZ, IGNACIO NAME NAME STREET ADDRESS 153 S.W. 204TH AVENUE STREET ADDRESS CITY-ST-7IP PEMBROKE PINES FL 33029 CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete GALLOPS, HELEN C NAME NAME STREET ADDRESS 180 S.W. 203RD AVENUE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition JUDITH WHITTINGHAM SHIELDS, JEFF NAME NAME 465 SW 205 AVE STREET ADDRESS 221 S.W. 203RD AVENUE STREET ADDRESS PEMBROKE PINES, FL 33029 CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP --CITY-ST-ZIP 12. I 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 report or supplemental 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 10 or Block 11 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address.