

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N14000007385

**Entity Name:** WALDEN COVE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

2600 LAKE LUCIEN DRIVE  
SUITE 350  
MAITLAND, FL 32779

**Current Mailing Address:**

2600 LAKE LUCIEN DRIVE  
SUITE 350  
MAITLAND, FL 32779 US

**FEI Number:** 47-1782754

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name KAERCHER, SHELLEY S.  
Address 2600 LAKE LUCIEN DRIVE  
SUITE 350  
City-State-Zip: MAITLAND FL 32779

Title VP  
Name LUMM, DAVID  
Address 2600 LAKE LUCIEN DRIVE  
SUITE 350  
City-State-Zip: MAITLAND FL 32779

Title TREASURER, SECRETARY  
Name MAXON, ESPERANZA  
Address 2600 LAKE LUCIEN DRIVE  
SUITE 350  
City-State-Zip: MAITLAND FL 32779

Title PRESIDENT, DIRECTOR  
Name GLUCKMAN, NICHOLAS ("NICK")  
Address 2600 LAKE LUCIEN DRIVE  
SUITE 350  
City-State-Zip: MAITLAND FL 32779

Title DIRECTOR  
Name SAWYER, JOHN  
Address 400 BLUE BIRCH CT  
City-State-Zip: SANFORD FL 32771

*I hereby 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 all other like empowered.*

**SIGNATURE:** NICHOLAS ("NICK") GLUCKMAN

**PRESIDENT**

**08/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date