## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007385

Entity Name: WALDEN COVE COMMUNITY ASSOCIATION, INC.

**FILED** Apr 30, 2024 **Secretary of State** 3632076696CC

## **Current Principal Place of Business:**

C/O BEACON COMMUNITY MANAGEMENT 9100 CONROY WINDERMERE RD SUITE # 200

WINDERMERE, FL 34786

## **Current Mailing Address:**

C/O BEACON COMMUNITY MANAGEMENT 9100 CONROY WINDERMERE RD SUITE # 200 WINDERMERE, FL 34786 US

FEI Number: 47-1782754 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BEACON COMMUNITY MANAGEMENT C/O BEACON COMMUNITY MANAGEMENT 9100 CONROY WINDERMERE RD SUITE # 200 WINDERMERE, FL 34786 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: SCOTT ST CLAIR 04/30/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title VP. DIRECTOR Title **TREASURER** 

Name SIRIGIRI, GIRIDHAR Name BAKHSH, SAL-UDDIN

C/O BEACON COMMUNITY C/O BEACON COMMUNITY Address Address

**MANAGEMENT MANAGEMENT** 

9100 CONROY WINDERMERE RD 9100 CONROY WINDERMERE RD **SUITE # 200 SUITE # 200** 

City-State-Zip:

WINDERMERE FL 34786

City-State-Zip: WINDERMERE FL 34786 City-State-Zip: WINDERMERE FL 34786

Title PRESIDENT, DIRECTOR Title **AGENT** 

Name NAPOLITANO, BRUCE Name ST. CLAIR, SCOTT

Address C/O BEACON COMMUNITY Address C/O BEACON COMMUNITY

MANAGEMENT MANAGEMENT

9100 CONROY WINDERMERE RD 9100 CONROY WINDERMERE RD

**SUITE # 200 SUITE # 200** 

Title **SECRETARY** Name BAUDIN, HERB

City-State-Zip:

C/O BEACON COMMUNITY Address

**MANAGEMENT** 

9100 CONROY WINDERMERE RD

WINDERMERE FL 34786

**SUITE #200** 

WINDERMERE FL 34786 City-State-Zip:

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.

04/30/2024 SIGNATURE: SCOTT ST. CLAIR **AGENT**