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Feb 19 1997 8:00am
Secretary of State

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.



Principal Place of Business

Mailing Address

1701 S.ALEXANDER STREET 2
SUITE 104
PLANT CITY FL 33567

1701 S.ALEXANDER STREET 2
SUITE 104
PLANT CITY FL 33567-5765

3. Date Incorporated or Qualified
11/13/1978

3a. Date of Last Report
08/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number

Applied For

59-1960924

Not Applicable

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

10. Name and Address of New Registered Agent

CONOVER, MARY SMITH
2708 ROCKY POINT DR
TAMPA FL 33607

81 Name

CONOVER, MARY SMITH

82 Street Address (P.O. Box Number is Not Acceptable)

1701 S. ALEXANDER ST #104

83

84 City

PLANT CITY FL

85 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
Signature typed or printed name of registered agent and fee, if applicable

MARY SMITH CONOVER PD

2-11-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CONOVER, MARY SMITH
STREET ADDRESS 416 ROYAL PALM WAY
CITY-ST-ZIP TAMPA FL

1.1 TITLE VP
1.2 NAME FRANK SWEENEY
1.3 STREET ADDRESS 1701 S. ALEXANDER ST #104
1.4 CITY-ST-ZIP PLANT CITY FL 33567

TITLE VST
NAME MOOSER, MELISSA S.
STREET ADDRESS 4526 ROSEMERE ROAD
CITY-ST-ZIP TAMPA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME ROBIN, DAVIS
STREET ADDRESS 2024 RONALD CIRCLE
CITY-ST-ZIP SEFFNER FL 33584

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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*

2-11-97

752-2087
813-286-1258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)