


FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 1701 S.ALEXANDER STREET 2 SUITE 104 PLANT CITY FL 33567			Mailing Address 1701 S.ALEXANDER STREET 2 SUITE 104 PLANT CITY FL 33567		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip			28 Zip		
24 Country			29 Country		
25			30		
9. Name and Address of Current Registered Agent					
CONOVER, MARY SMITH 416 ROYAL PALM WAY TAMPA FL 33609				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE <i>Mary Smith</i> (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP		1.5 CITY - ST - ZIP		1.6 CITY - ST - ZIP	
2.1 TITLE		2.2 NAME		2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP		2.5 CITY - ST - ZIP		2.6 CITY - ST - ZIP	
3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.5 CITY - ST - ZIP		3.6 CITY - ST - ZIP	
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.5 CITY - ST - ZIP		4.6 CITY - ST - ZIP	
5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.5 CITY - ST - ZIP		5.6 CITY - ST - ZIP	
6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		6.5 CITY - ST - ZIP		6.6 CITY - ST - ZIP	

[illegible]

DO NOT WRITE IN THIS SPACE

<b>3. Date Incorporated or Qualified</b> <b>11/13/1978</b>		
<b>4. FEI Number</b> <b>59-1960924</b>	<input type="checkbox"/>	<b>Applied For</b>
	<input checked="" type="checkbox"/>	<b>Not Applicable</b>
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b>	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>10. Name and Address of New Registered Agent</b>		
ss (P.O. Box Number is Not Acceptable)		
<b>FL</b>	<b>85</b>	<b>Zip Code</b>

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 \_\_\_\_\_

*Man Smith*  
Signature, typed or printed name of registered agent and title of agent

(NOTE: Registered Agent signature required when reinstating.)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>CONOVER, MARY S</b> <b>416 ROYAL PALM WAY</b> <b>TAMPA FL 33609</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *Wanda L. B. [Signature]*

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