

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 728827 (7)**

1. Corporation Name

**WALDEN LAKE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

909 E. SANDALWOOD DRIVE NORTH  
BOX 1854  
PLANT CITY FL 33564-1854  
US

Mailing Address

909 E. SANDALWOOD DRIVE NORTH  
BOX 1854  
PLANT CITY FL 33564-1854  
US

3. Date Incorporated or Qualified  
**02/15/1974**

3a. Date of Last Report  
**04/24/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

**59-1674665**

Applied For

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EVANS, STEPHEN L  
104 N THOMAS ST.  
PLANT CITY FL 33566**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOHR, TOM & NANCY	
STREET ADDRESS	909 E SANDLEWOOD DR N	
CITY - ST - ZIP	PLANT CITY, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, JIM & CATHY	
STREET ADDRESS	909 E SANDLEWOOD DR N	
CITY - ST - ZIP	PLANT CITY, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VOGEL, JUDY	
STREET ADDRESS	909 E SANDLEWOOD DR N	
CITY - ST - ZIP	PLANT CITY, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMSON, JOHN	
STREET ADDRESS	909 E SANDLEWOOD DR N	
CITY - ST - ZIP	PLANT CITY, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HAYES, DAN	
STREET ADDRESS	909 E SANDLEWOOD DR N	
CITY - ST - ZIP	PLANT CITY, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOD, JOY	
STREET ADDRESS	909 E SANDLEWOOD DR N	
CITY - ST - ZIP	PLANT CITY, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	909 E Sandalwood Dr N	
1.4 CITY - ST - ZIP	Plant City FL 33566	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	909 E Sandalwood Dr N	
2.4 CITY - ST - ZIP	Plant City FL 33566	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	909 E Sandalwood Dr N	
3.4 CITY - ST - ZIP	Plant City FL 33566	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Duprez, Jack & Susan	
4.3 STREET ADDRESS	909 E Sandalwood Dr N	
4.4 CITY - ST - ZIP	Plant City FL 33566	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Morgis, Linda	
5.3 STREET ADDRESS	909 E Sandalwood Dr N	
5.4 CITY - ST - ZIP	Plant City FL 33566	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	909 E Sandalwood Dr N	
6.4 CITY - ST - ZIP	Plant City FL 33566	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Thomas J Kohr Jr* Thomas J Kohr Jr

PD

2/15/96

813-754-9444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)