


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728827

1. Corporation Name

WALDEN LAKE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

1001 S. TEAKWOOD DRIVE
BOX 1854
PLANT CITY FL 33564-1854
US

Mailing Address

1006 E SANDLEWOOD DR N
BOX 1854
PLANT CITY FL 33564-1854
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1974	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1674665	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMIK, JOHN		1.2 NAME	DAVID DOUBLE	
STREET ADDRESS	1001 S. TEAKWOOD DRIVE		1.3 STREET ADDRESS	1107 S. TEAKWOOD	
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY-ST-ZIP	PLANT CITY FL. 33566	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, JIM & CATHY		2.2 NAME	RICK HUGHES	
STREET ADDRESS	1001 S. TEAKWOOD DRIVE		2.3 STREET ADDRESS	1004 SYCAMORE	
CITY-ST-ZIP	PLANT CITY FL		2.4 CITY-ST-ZIP	PLANT CITY FL. 33566	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	R	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, GARY		3.2 NAME		
STREET ADDRESS	1001 S TEAKWOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		3.4 CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> DELETE	4.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, RON		4.2 NAME	RON, EVERETT	
STREET ADDRESS	1001 S TEAKWOOD DR		4.3 STREET ADDRESS	1104 E. SANDLEWOOD DR. N	
CITY-ST-ZIP	PLANT CITY FL		4.4 CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHR, NANCY A M		5.2 NAME		
STREET ADDRESS	1001 S. TEAKWOOD DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, JOY		6.2 NAME		
STREET ADDRESS	1001 S. TEAKWOOD DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas A. K. W. Squire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99

813-754-9444

Date

Daytime Phone #

CR2E037 (11/98)