

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90390 007 \*\*\*\*61.25

0057233

**DOCUMENT # 728827**

1. Entity Name

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

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1674665**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUBLE, DAVID 1107 S. TEAKWOOD PLANT CITY FL 33566	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, MARK 1102 S TEAKWOOD DR PLANT CITY FL 33566	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANEEN, DUOZINSKI 1105 S TEAKWOOD DR PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMIK, NANCY 1903 N TEAKWOOD DR.E PLANT CITY FL 33566	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOH, NANCY A M 1001 S. TEAKWOOD DRIVE PLANT CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALEN, WALKER 2113 ELMWOOD DR PLANT CITY FL 33566	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MIKE JERINS 1204 S. TEAKWOOD DR. PLANT CITY FL 33566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. SHELTON KEELY 1205 W SANDALWOOD DR. S. PLANT CITY FL 33566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GLENN WEIGLE 1005 E. SANDALWOOD DR. N. PLANT CITY FL 33566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DICK JOHNSON 1711 N. TEAKWOOD DR W PLANT CITY FL 33566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)