
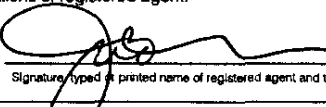
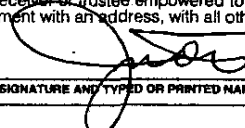


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90007 029 \*\*\*\*61.25

<b>DOCUMENT # 728827</b>			
<b>1. Entity Name</b> WALDEN LAKE PROPERTY OWNERS ASSOCIATION, INC.			
<b>Principal Place of Business</b> 1001 S. TEAKWOOD DRIVE BOX 1854 PLANT CITY, FL 33564-1854 US		<b>Mailing Address</b> <del>1006 E SANDLEWOOD DR N</del> BOX 1854 PLANT CITY, FL 33564-1854 US	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 1854 Suite, Apt. #, etc.	
<b>City &amp; State</b> Plant City, FL		<b>City &amp; State</b> Plant City, FL	
<b>Zip</b> 33564		<b>Country</b> USA	
<b>4. FEI Number</b> 59-1674665		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> VOGEL, JUDITH L C/O VOGEL REALTY SERVICES, INC. 1514 S. ALEXANDER STREET, SUITE 203 PLANT CITY, FL 33563		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>			
<b>SIGNATURE</b>  Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE: 5/11/04	
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> D <b>NAME</b> GOEBEL, LINDA <b>STREET ADDRESS</b> 1303 E. TIMBERLANE DRIVE <b>CITY-ST-ZIP</b> PLANT CITY, FL 33563	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Director <b>NAME</b> Robert Scholtes <b>STREET ADDRESS</b> 2105 W Sycamore Lane <b>CITY-ST-ZIP</b> Plant City, FL 33563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> P <b>NAME</b> KEELY, SHELTON <b>STREET ADDRESS</b> 1205 W SANDALWOOD DRIVE S <b>CITY-ST-ZIP</b> PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> President <b>NAME</b> Judith L. Vogel <b>STREET ADDRESS</b> 2305 Gatewood St <b>CITY-ST-ZIP</b> Plant City, FL 33563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> VP <b>NAME</b> WALKER, GALEN <b>STREET ADDRESS</b> 2113 S. ELLWOOD CT <b>CITY-ST-ZIP</b> PLANT CITY, FL 33563	<input type="checkbox"/> Delete Correct →	<b>TITLE</b> Galen Walker, VP <b>NAME</b> 2113 S. ELMWOOD CT <b>STREET ADDRESS</b> Plant City, FL 33563 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition correct
<b>TITLE</b> D <b>NAME</b> DUPREZ, SUSAN <b>STREET ADDRESS</b> 1107 E. SANDALWOOD DR. N. <b>CITY-ST-ZIP</b> PLANT CITY, FL 33563	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Secretary <b>NAME</b> John Smik <b>STREET ADDRESS</b> 1903 Teakwood Dr NE <b>CITY-ST-ZIP</b> Plant City, FL 33563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> KOHR, NANCY <b>STREET ADDRESS</b> 1006 E SANDALWOOD DRIVE NORTH <b>CITY-ST-ZIP</b> PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Director <b>NAME</b> David Bowen <b>STREET ADDRESS</b> 1202 E Timberlane Dr <b>CITY-ST-ZIP</b> Plant City, FL 33563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> STUMBO, KIMBERLY <b>STREET ADDRESS</b> 1711 N THAKWOOD DRIVE EAST <b>CITY-ST-ZIP</b> PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Director <b>NAME</b> Jim Lester <b>STREET ADDRESS</b> 1102 N Teakwood Dr. W <b>CITY-ST-ZIP</b> Plant City, FL 33563	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 5/11/04 DAYTIME PHONE #	