


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90040 013 \*\*\*\*61.25

<b>DOCUMENT # 728827</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>P.O. BOX 1854 PLANT CITY, FL 33564 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BURGISSER, FRANCESCO</b> <b>2007 SYCAMORE LANE</b> <b>PLANT CITY, FL 33563</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.					
SIGNATURE <u><i>Francesco Burgisser</i></u> <span style="float: right;">1/26/2006</span> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHOLTES, ROBERT		NAME	Ninette Stevens	
STREET ADDRESS	2105 W SYCAMORE LANE		STREET ADDRESS	2207 Gatewood Street	
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP	Plant City, FL 33563	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMIK, JOHN		NAME	Ronald Hancock	
STREET ADDRESS	1903 TEAKWOOD DR. NE		STREET ADDRESS	1001 Sandalwood	
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP	Plant City, FL 33563	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOWEN, DAVID		NAME	Christy Mincey	
STREET ADDRESS	2004 TIMBERLANE DRIVE EAST		STREET ADDRESS	2300 Beechwood	
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP	Plant City, FL 33563	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KANTROWITZ, HOWARD		NAME	Teresa Gerhold	
STREET ADDRESS	1426 SANDALWOOD		STREET ADDRESS	2313 Sprucewood	
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP	Plant City, FL 33563	
TITLE		<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Lisa Fox	
STREET ADDRESS			STREET ADDRESS	2611 Sprucewood	
CITY-ST-ZIP			CITY-ST-ZIP	Plant City, FL 33563	
TITLE		<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Linda Romano	
STREET ADDRESS			STREET ADDRESS	2311 Sprucewood	
CITY-ST-ZIP			CITY-ST-ZIP	Plant City, FL 33563	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>SIGNATURE:</b> <u><i>Francesco Burgisser</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/26/2006 <span style="float: right;">813-754-1322</span> <small>Date Daytime Phone #</small>		

60010464



01242006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1674665**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**