



2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 728827 1. Entity Name: WALDEN LAKE PROPERTY OWNERS ASSOCIATION, INC.						FILED 07 AUG -2 PM 12: 40 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1304 TEAKWOOD DR UNIT 2 PLANT CITY, FL 33563 US				Mailing Address 1304 TEAKWOOD DR UNIT 2 PLANT CITY, FL 33563 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				07242007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 59-1674665				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent BURGISSER, FRANCESCO 1304 TEAKWOOD DR UNIT 2 PLANT CITY, FL 33563				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>Francesco Burgisser</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>JULY 28 2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P STEVENS, NINETTE 2207 GATEWOOD ST PLANT CITY, FL 33563 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000107466670 08/07/07--01058--005 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP HANCOCK, RONALD 1001 SANDALWOOD PLANT CITY, FL 33563 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP SHEPHERD, STAN 2007 TIMBERLANE DRIVE EAST PLANT CITY, FL 33563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BOWEN, DAVID 2004 TIMBERLANE DRIVE EAST PLANT CITY, FL 33563 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T ROLAND, ALFRONSO C 2102 SYCAMORE PLANT CITY, FL 33563 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S MINCEY, CHRISTY 2300 BEECHWOOD CT PLANT CITY, FL 33563 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B. 8/3/07		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D SHEPHERD, STAN 2007 TIMBERLANE DRIVE EAST PLANT CITY, FL 33563 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	D SMITH, TERESA 2610 SPRUCEWOOD LANE PLANT CITY, FL 33563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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 or without like empowered.							
SIGNATURE: <u>Francesco Burgisser</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				PRESIDENT <u>DATE: 7/30/07</u> July 28 2007 813-707-8574 <small>Date Daytime Phone #</small>			