


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90052 050 ****61.25

DOCUMENT # 728827 1. Entity Name WALDEN LAKE PROPERTY OWNERS ASSOCIATION, INC.					
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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1674665	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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	
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.				02132008 Chg-NP CR2E037 (12/06)	
SIGNATURE <u>Francesco Burgisser</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>2/15/2008</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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	P STEVENS, NINETTE 2207 GATEWOOD ST. PLANT CITY, FL 33563
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STAN SHEPHERD 2007 TIMBERLANE DRIVE EAST PLANT CITY, FL 33563	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, DAVID 2004 TIMBERLANE DRIVE EAST PLANT CITY, FL 33563	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROLAND, ALFRONSO C 2102 SYCAMORE PLANT CITY, FL 33563	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TERESA SMITH 2610 SPRUCEWOOD LN. PLANT CITY, FL 33563	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, DAVID 2004 TIMBERLANE DRIVE EAST PLANT CITY, FL 33563	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENTON SPEER 2002 TIMBERLANE DRIVE E. PLANT CITY, FL 33563	<input type="checkbox"/> Change <input 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 all other like empowered.					
SIGNATURE: <u>Ninette Stevens</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Ninette Stevens PRES.		2/15/2008 <small>Date</small>
(813)707-8574 <small>Daytime Phone #</small>					