

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90519 012 ****61.25

DOCUMENT # 728827

1. Entity Name

WALDEN LAKE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

**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

4. FEI Number **59-1674665**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRIETO, ANTHONY P
COLONIAL BANK BLDG
4144 NORTH ARMENIA AVENUE, SUITE 350
TAMPA FL 33607**

Name

SHELTON KEELY

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

1205 W. SANDALWOOD DR S.

City

Plant City

FL

Zip Code

33563

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

SHELTON KEELY PRESIDENT

1/24/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JERGENS, MIKE	
STREET ADDRESS	1204 S TEAKWOOD DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	P	<input type="checkbox"/> Delete
NAME	KEELY, SHELTON	
STREET ADDRESS	1205 W SANDALWOOD DRIVE S	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WEIGLE, PAMELA	
STREET ADDRESS	1005 E SANDALWOOD DRIVE NORTH	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEIGLE, GLENN	
STREET ADDRESS	1005 E SANDALWOOD DRIVE N	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOHR, NANCY	
STREET ADDRESS	1006 E SANDALWOOD DRIVE NORTH	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUMBO, KIMBERLY	
STREET ADDRESS	1711 N THAKWOOD DRIVE EAST	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA GOEBEL	
STREET ADDRESS	1303 E. TIMBERLANE DR.	
CITY-ST-ZIP	PLANT CITY, FL. 33563	
TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALEN WALKER	
STREET ADDRESS	2113 S. ELLWOOD CT.	
CITY-ST-ZIP	PLANT CITY, FL. 33563	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN DUPREZ	
STREET ADDRESS	1107 E SANDALWOOD DR. N.	
CITY-ST-ZIP	PLANT CITY FL. 33563	
TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	

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:

SHELTON KEELY PRESIDENT

1/24/03

813 759-2153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)