

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 21 AM 9:54

DOCUMENT # 744674 (3)
1. Corporation Name
LAKE WALDEN VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
288 TIMBERLINE TRAIL ORMOND BCH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/23/1978** 3a. Date of Last Report **08/08/1994**
4. FEI Number **59-2057225** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SHONHOLZ ROXANNE
274 TIMBERLINE TRAIL
ORMOND BCH FL 32174**

10. Name and Address of New Registered Agent
81 Name **MARK McCARTHY**
82 Street Address (P.O. Box Number is Not Acceptable) **258 TIMBERLINE TRAIL**
83 **ORMOND BEACH**
84 City **FL** 85 Zip Code **32174**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Mark McCarthy DATE 6/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATTERSON, C J
STREET ADDRESS	228 TIMBERLINE TR.
CITY-ST-ZIP	ORMOND BCH, FL 00000
TITLE	PD
NAME	SHONHOLZ, JOHN
STREET ADDRESS	274 TIMBERLINE TRAIL
CITY-ST-ZIP	ORMOND BCH, FL 00000
TITLE	VP
NAME	REED, CLARENCE
STREET ADDRESS	278 TIMBERLINE TRAIL
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	TD
NAME	SHONHOLZ, ROXANNE
STREET ADDRESS	274 TIMBERLINE TRAIL
CITY-ST-ZIP	ORMOND BCH FL
TITLE	SD
NAME	PEDGO, CINDY
STREET ADDRESS	204 TIMBERLINE TRAIL
CITY-ST-ZIP	ORMOND BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	C.J. PATTERSON
13 STREET ADDRESS	228 Timberline Trail
14 CITY-ST-ZIP	ORMOND BEACH FL 32174
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MARK McCARTHY
23 STREET ADDRESS	258 Timberline Trail
24 CITY-ST-ZIP	ORMOND BEACH FL 32174
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	AMY ALEXANDER
33 STREET ADDRESS	280 Timberline Trail
34 CITY-ST-ZIP	ORMOND BEACH FL 32174
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	MIKE PARIC
43 STREET ADDRESS	220 Timberline Trail
44 CITY-ST-ZIP	ORMOND BEACH, FL 32174
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	CINDY M. PEDISO
53 STREET ADDRESS	204 Timberline Tr.
54 CITY-ST-ZIP	ORMOND BEACH, FL 32174
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C.J. Patterson Mark Patterson DATE 4-3-95
Signature and Typed or Printed Name of Signing Officer or Director