

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **10/23/1978**
3a. Date of Last Report: **06/21/1995**
4. FEI Number: **59-2057225**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
~~MCCARTHY, MARK~~
~~258 TIMBERLINE TRAIL~~
~~ORMOND BEACH FL 32174~~
ARTHUR MOORE
288 TIMBERLINE TRAIL
ORMOND BEACH, FL 32174
10. Name and Address of New Registered Agent
81 Name: **ARTHUR MOORE**
82 Street Address (P.O. Box Number is Not Acceptable): **288 TIMBERLINE TRAIL**
83 **ORMOND BEACH, FL 32174**
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Arthur G. Moore* **ARTHUR G. MOORE** **11 March, 1996**
Signature, typed or printed name of registered agent (delete if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: PATTERSON, C J	1.1 TITLE: Treas.	NAME: ARTHUR MOORE
STREET ADDRESS: 226 TIMBERLINE TR.	CITY-ST-ZIP: ORMOND BCH, FL 00000	1.2 NAME: TD	1.3 STREET ADDRESS: 208 TIMBERLINE TRAIL
		1.4 CITY-ST-ZIP: ORMOND BEACH, FL 32174	
TITLE: T	NAME: MCCARTHY, MARK	2.1 TITLE: Secretary SD	NAME: DORIS GLANVILLE
STREET ADDRESS: 258 TIMBERLINE TRAIL	CITY-ST-ZIP: ORMOND BEACH FL	2.2 NAME: SD	2.3 STREET ADDRESS: 282 TIMBERLINE TRAIL
		2.4 CITY-ST-ZIP: ORMOND BEACH, FL 32174	
TITLE: D	NAME: ALEXANDER, AMY	3.1 TITLE: D	NAME: CHERRY SCHROER
STREET ADDRESS: 260 TIMBERLINE TRAIL	CITY-ST-ZIP: ORMOND BEACH FL	3.2 NAME: VD	3.3 STREET ADDRESS: 218 TIMBERLINE TRAIL
		3.4 CITY-ST-ZIP: ORMOND BEACH, FL 32174	
TITLE: D VP	NAME: PARIE, MIKE	4.1 TITLE:	NAME:
STREET ADDRESS: 220 TIMBERLINE TRAIL	CITY-ST-ZIP: ORMOND BEACH FL	4.2 NAME:	4.3 STREET ADDRESS:
		4.4 CITY-ST-ZIP:	
TITLE: SD	NAME: PEDIGO, CINDY	5.1 TITLE:	NAME:
STREET ADDRESS: 204 TIMBERLINE TRAIL	CITY-ST-ZIP: ORMOND BCH FL	5.2 NAME:	5.3 STREET ADDRESS:
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	NAME:
STREET ADDRESS:		6.2 NAME:	6.3 STREET ADDRESS:
CITY-ST-ZIP:		6.4 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 119.07(3)(k), 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: *Arthur G. Moore* **ARTHUR G. MOORE** **11 March, 1996** **615-9089**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)