

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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** **288 TIMBERLINE TRAIL ORMOND BCH FL 32174-4988**

3. Date Incorporated or Qualified **10/23/1978** 3a. Date of Last Report **04/05/1996**  
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

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 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent  
**NELSON, J. LYNNE  
15 BEECH WOOD LANE  
PLAM COAST FL 32137**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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 *J. Lynne Nelson* **Mont Agent** *J. Lynne Nelson* **1/6/97**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, C J	
STREET ADDRESS	226 TIMBERLINE TR.	
CITY-ST-ZIP	ORMOND BCH, FL 00000	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	GLANVILLE, DORIS	
STREET ADDRESS	282 TIMBERLINE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHROER, CHERRY	
STREET ADDRESS	218 TIMBERLINE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DORIS GLANVILLE	
1.3 STREET ADDRESS	282 TIMBERLINE TR	
1.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM HELMINTOLLER	
2.3 STREET ADDRESS	240 TIMBERLINE TR	
2.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
3.1 TITLE	SEC. TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WALTER HORN	
3.3 STREET ADDRESS	276 TIMBERLINE TR	
3.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BETTY DINGMAN	
4.3 STREET ADDRESS	266 TIMBERLINE TR	
4.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	C. J. PATTERSON	
5.3 STREET ADDRESS	226 TIMBERLINE TR.	
5.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Doris P. Glanville* **1/7/97** (904) 445-0524  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0003353

CR2E037 (9/96)