

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90134 018 ****61.25

DOCUMENT # 744674

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2057225

Applied For

Not Applicable

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

NELSON, J. LYNNE
15 BEECH WOOD LANE
PLAM COAST FL 32137

Name **NELSON, J. LYNNE**

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

City **Palom Coast**

FL

Zip Code **32164**

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.

SIGNATURE *J. Lynne Nelson* **J. LYNNE NELSON**

1/11/00

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GLANVILLE, DORIS	
STREET ADDRESS	282 TIMBERLINE TR	
CITY-ST-ZIP	ORMOND BCH, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HELMINTOLLER, WILLIAM	
STREET ADDRESS	240 TIMBERLINE TR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TIBBITS, NANCY	
STREET ADDRESS	250 TIMBERLINE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DINGMAN, BETTY	
STREET ADDRESS	266 TIMBERLINE TR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, C J	
STREET ADDRESS	226 TIMBERLINE TR	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMINTOLLER, WILLIAM	
STREET ADDRESS	240 TIMBERLINE TR	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, MATT	
STREET ADDRESS	226 Timberline Tr.	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, GERALDINE	
STREET ADDRESS	242 Timberline Tr.	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIES, IAN	
STREET ADDRESS	246 Timberline Tr.	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARIC, MICHAEL	
STREET ADDRESS	220 Timberline Tr.	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William Hellmintoller* **WILLIAM HELLMINTOLLER** **677-4034**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)