

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90198 002 ****61.25

DOCUMENT # 744674

1. Entity 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

0016100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2057225

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

NELSON, J. LYNNE
19 ELLINGTON DR
PALM COAST FL 32164

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
 NAME: HEKMINTOLLER, WILLIAM
 STREET ADDRESS: 240 TIMBERLINE TR
 CITY-ST-ZIP: ORMOND BEACH FL 32174
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: VD
 NAME: PATTERSON, MATT
 STREET ADDRESS: 226 TIMBERLINE TR
 CITY-ST-ZIP: ORMOND BEACH FL 32174
 Delete

TITLE: VP
 NAME: JAMES COOK
 STREET ADDRESS: 218 TIMBERLINE TR
 CITY-ST-ZIP: ORMOND Bch FL 32174
 Change Addition

TITLE: D
 NAME: STARK, GERALDINE
 STREET ADDRESS: 242 TIMBERLINE TR
 CITY-ST-ZIP: ORMOND BEACH FL 32174
 Delete

TITLE: [Blank]
 NAME: DAVIS, IAN
 STREET ADDRESS: 246 TIMBERLINE TR
 CITY-ST-ZIP: ORMOND Bch FL 32174
 Change Addition

TITLE: ST
 NAME: DINGMAN, BETTY
 STREET ADDRESS: 266 TIMBERLINE TR
 CITY-ST-ZIP: ORMOND BEACH FL
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: D
 NAME: PARIC, MICHAEL
 STREET ADDRESS: 220 TIMBERLINE TR
 CITY-ST-ZIP: ORMOND BEACH FL 32174
 Delete

TITLE: D
 NAME: NATZEL, LORENE
 STREET ADDRESS: 216 TIMBERLINE TR.
 CITY-ST-ZIP: ORMOND Bch FL 32174
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: P
 NAME: CARTEC, DONNA
 STREET ADDRESS: 208 TIMBERLINE TR.
 CITY-ST-ZIP: ORMOND Bch FL 32174
 Change Addition

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01 673-0855
 Date Daytime Phone #

CR2E037 (10/00)