


2007-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90093 036 ****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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2057225	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					



1st MOORE CR2E037 (10/06)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD HELMINTOLLER, WILLIAM 240 TIMBERLINE TR ORMOND BEACH FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP COOK, JAMES 218 TIMBERLINE TRAIL ORMOND BEACH FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BOSWELL, JACK 264 TIMBERLINE TRAIL ORMOND BEACH FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HENRY, ROBT 2 OLD TR ORMOND BEACH FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Sec/Tras <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD NAIZEL, LORENE 216 TIMBERLINE TRAIL ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D COLUCCIO, GEORGE 256 TIMBERLINE TR. ORMOND BEACH, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Helmintoller* **1/29/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #