

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744674

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: LAKE WALDEN VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

288 TIMBERLINE TRAIL  
ORMOND BCH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

288 TIMBERLINE TRAIL  
ORMOND BCH, FL 32174

**New Mailing Address:**

FEI Number: 59-2057225      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

NELSON, J. LYNNE  
1124 GLENGAD RUN  
PALM COAST, FL 32174      US

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

01/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: HELMINTOLLER, WILLIAM  
Address: 240 TIMBERLINE TR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP      ( ) Delete  
Name: COOK, JAMES  
Address: 218 TIMBERLINE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D      ( ) Delete  
Name: BOSWELL, JACK  
Address: 264 TIMBER LINE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ST      ( ) Delete  
Name: HENRY, ROBT  
Address: 2 OLD TR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: STD      ( ) Delete  
Name: COLUCCIO, GEORGE  
Address: 526 TIMBERLINE TR  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: COLUCCIO, GEORGE  
Address: 3009 MONAHAN DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR      (X) Change ( ) Addition  
Name: COLUCCIO, GEORGE  
Address: 526 TIMBERLINE TR  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM HELMINTOLLER

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date