

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