

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744674

**FILED**  
**Jan 24, 2010**  
**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  
1124 GLENGAD RUN  
PALM COAST, FL 32174 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D  
Name: COLUCCIO, GEORGE  
Address: 3009 MONAHAN DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

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

I hereby 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 all other like empowered.

**SIGNATURE:** BILL HELMINTOLLER

PRES

01/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date