

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90210 049 ****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**

70009295



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2057225**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	HEKMINTOLLER, WILLIAM	240 TIMBERLINE TR	ORMOND BEACH FL 32174	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	COOK, JAMES	218 TIMBERLINE TRAIL	ORMOND BEACH FL 32174	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	DAVIS, IAN	246 TIMBERLINE TRAIL	ORMOND BEACH FL 32174	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST	DINGMAN, BETTY	266 TIMBERLINE TR	ORMOND BEACH FL	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	NATZEL, LORENE	216 TIMBERLINE TRAIL	ORMOND BEACH FL 32174	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

D
Barker, Al
254 Timberline Tr.
Ormond Bch Fl 32174
ST
NATZEL, LORENE

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: *2/SIGNATURE REQUIRED - President*

(386)
1-13-03 673-0555

CR2E037 (10/02)