

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762093

FILED
May 04, 2009
Secretary of State

Entity Name: WALDEN POND PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4436 WALDEN CIRCLE
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

4436 WALDEN CIRCLE
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 59-2392395 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DICKER, EDWARD ESQ
1818 AUSTRALIAN AVENUE SOUTH
400
WEST PALM BEACH, FL 33409 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: P () Delete
Name: LADOWSKI, APRIL M
Address: 4398 WALDEN CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: VP () Delete
Name: BAILEY, JACK
Address: 4406 WALDEN CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: T () Delete
Name: TRAYER, ANN
Address: 4387 WALDEN CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: S () Delete
Name: MCCAUSLAND, DIANA
Address: 4427 WALDEN CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: RIOS, FRED
Address: 4451 WALDEN CIR
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAILEY, JACK
Address: 4406 WALDEN CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: VP (X) Change () Addition
Name: STOLOWICH, KENNETH
Address: 4431 WALDEN CIR
City-St-Zip: LAKE WORTH, FL 33463

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

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

Title: D (X) Change () Addition
Name: ROSA, ANTONIA
Address: 4475 WALDEN CIR
City-St-Zip: LAKE WORTH, FL 33463

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: ANN TRAYER

T

05/04/2009

Electronic Signature of Signing Officer or Director

Date