

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90099 014 \*\*\*\*61.25

**DOCUMENT # 766344**

1. Entity Name

**WALDEN LAKE FAIRWAY ESTATES I PROPERTY  
OWNER'S ASSOCIATION, INC.**



Principal Place of Business

**2004 COUNTRY CLUB CT  
PLANT CITY FL 33566  
US**

Mailing Address

**2004 COUNTRY CLUB CT  
PLANT CITY FL 33566  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEPINE, ARTHUR J  
2004 COUNTRY CLUB COURT  
PLANT CITY FL 33566**

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  
Due By May 1, 2006**

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

TITLE PD ☒ Delete  
NAME CASTAGNO, JOSEPH J  
STREET ADDRESS 2003 COUNTRY CLUB CT  
CITY-ST-ZIP PLANT CITY FL 33566

TITLE V ☐ Delete  
NAME KULYK, BARBARA J  
STREET ADDRESS 2001 COUNTRY CLUB CT  
CITY-ST-ZIP PLANT CITY FL 33566

TITLE S ☐ Delete  
NAME WALDEN, SELINDA  
STREET ADDRESS 2006 COUNTRY CLUB CT  
CITY-ST-ZIP PLANT CITY FL 33566

TITLE TD ☐ Delete  
NAME LEPINE, ART  
STREET ADDRESS 2004 COUNTRY CLUB CT  
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S/D ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

*Arthur J. Lepine*

**ART LEPINE**

**2-16-06**

**813  
754-1919**