

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

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**



01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2272160

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KULYK, BARBARA J
2001 COUNTRY CLUB CT
PLANT CITY, FL 33566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WALDEN, SELINDA
2006 COUNTRY CLUB CT
PLANT CITY, FL 33566**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000642305
03/01/07-80037-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Arthur J. Lepine **ARTHUR J LEPINE** 2-19-07 **B13-754-1919**