


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 766344</b> 1. Entity Name <b>WALDEN LAKE FAIRWAY ESTATES I PROPERTY OWNER'S ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2004 COUNTRY CLUB CT PLANT CITY, FL 33566 US</b>	Mailing Address <b>2004 COUNTRY CLUB CT PLANT CITY, FL 33566 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2272160</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LEPINE, ARTHUR J 2004 COUNTRY CLUB COURT PLANT CITY, FL 33566</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	

<p>U00000824518 02/20/08-80082-007 61.25</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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.

<b>SIGNATURE:</b>  <b>ART LEPINE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2004 COUNTRY CLUB COURT PLANT CITY, FL 33566</b>	<b>813-754-1919</b> <small>Daytime Phone #</small>
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