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FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000001281 (4)

1. Corporation Name

WALDEN RESIDENTIAL PROPERTIES, INC.



Principal Place of Business

5400 LBJ FREEWAY
LB-45, SUITE 400
DALLAS TX 75240

Mailing Address

5400 LBJ FREEWAY
LB-45, SUITE 400
DALLAS TX 75240-6223

3. Date Incorporated or Qualified

03/11/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

75-2506197

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	DASEKE, DON R	
STREET ADDRESS	13601 PRESTON RD., STE. 800	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DILLINGER, MARK S	
STREET ADDRESS	13601 PRESTON RD., STE. 800	
CITY-ST-ZIP	DALLAS TX	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EDWARDS, MARSHALL B	
STREET ADDRESS	13601 PRESTON RD., STE. 800	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAMBERTI, STEVE T	
STREET ADDRESS	13601 PRESTON RD., STE. 800	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAIN, KEITH E	
STREET ADDRESS	13601 PRESTON RD., STE. 800	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEYNON, DANA W	
STREET ADDRESS	13601 PRESTON RD., STE. 800	
CITY-ST-ZIP	DALLAS TX 75240	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5400 LBJ Freeway, LB 45, Suite 400
1.4 CITY-ST-ZIP	Dallas, Texas 75240
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5400 LBJ Freeway, LB 45, Suite 400
2.4 CITY-ST-ZIP	Dallas, Texas 75240
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5400 LBJ Freeway, LB 45, Suite 400
3.4 CITY-ST-ZIP	Dallas, Texas 75240
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	5400 LBJ Freeway, LB 45, Suite 400
4.4 CITY-ST-ZIP	Dallas, Texas 75240
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	5400 LBJ Freeway, LB 45, Suite 400
5.4 CITY-ST-ZIP	Dallas, Texas 75240
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	5400 LBJ Freeway, LB 45, Suite 400
6.4 CITY-ST-ZIP	Dallas, Texas 75240

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97

Date

972-787-0510

Daytime Phone #

CR2E034 (9/96)