

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J97103

1. Entity Name
WALDEN GREENE DEVELOPERS, INC.



FILED

2004 MAY 20 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6244 SPRINGER DRIVE
PORT RICHEY, FL 34668 US

Mailing Address

6244 SPRINGER DRIVE
PORT RICHEY, FL 34668 US



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number
59-2850743

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAUNDERS, NICOLE R
6244 SPRINGER DRIVE
PORT RICHEY, FL 34668

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DENNISON, JOEL F.
STREET ADDRESS	5440 RICHEY DR
CITY-STATE-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VSTD
NAME	QUINN, PETER J
STREET ADDRESS	324 173 AVE 3
CITY-STATE-ZIP	N. REDINGTON BEACH, FL 33708
TITLE	VP
NAME	BUCK, DONALD A JR
STREET ADDRESS	19843 ELLENDALE DRIVE
CITY-STATE-ZIP	LAND O LAKES, FL 34639
TITLE	VP
NAME	SAUNDERS, NICOLE B
STREET ADDRESS	5240 WELLFIELD ROAD
CITY-STATE-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000036966970
05/20/04--01061--016 **550.00

DO NOT WRITE
IN THIS SPACE

12M
5/20

12. I 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 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 607, 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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Define Phone #

5/20/04

(727) 544-7899