

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90056 049 \*\*\*\*61.25

|   |                                   |  |   |  |  |
|---|-----------------------------------|--|---|--|--|
| <b>DOCUMENT # N02000005499</b><br>1. Entity Name<br><b>WALDEN GROVES HOMEOWNERS ASSOCIATION, INC.</b>   |                                   |  |   |  |  |
| Principal Place of Business<br><b>217 EAST ROBERTSON ST.<br/>BRANDON, FL 33511</b>  |                                   |  |   | Mailing Address<br><b>P.O. BOX 805<br/>VALRICO, FL 33594</b>                             |  |
| 2. Principal Place of Business  |                                   | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc.  |   |  |  |
| City & State  |                                   | City & State   |   |  |  |
| Zip   | Country                           | Zip  | Country   | 4. FEI Number<br><b>APPLIED FOR 20-1026760</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |                                   |  |   | Applied For<br><input type="checkbox"/> Not Applicable                                   |  |
| 6. Name and Address of Current Registered Agent   |                                   |  |   | 7. Name and Address of New Registered Agent  |  |
| <b>WHEELER, RICHARD F.<br/>217 EAST ROBERTSON ST.<br/>BRANDON, FL 33511</b>   |                                   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>  |                                   |  |   |  |  |
| <b>Filing Fee is \$81.25<br/>Due by May 1, 2004</b>   |                                   | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |   | <b>Make check payable to<br/>Florida Department of State</b>                             |  |
| 10. OFFICERS AND DIRECTORS  |                                   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10             |  |  |
| TITLE   | D <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME  | WALDEN, JAMES C                   | NAME   |   |  |  |
| STREET ADDRESS  | 13115 LEWIS GALLAGHER RD.         | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP   | DOVER, FL 33527                   | CITY-ST-ZIP  |   |  |  |
| TITLE   | D <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME  | WHEELER, RICHARD F                | NAME   |   |  |  |
| STREET ADDRESS  | 217 EAST ROBERTSON ST.            | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP   | BRANDON, FL 33511                 | CITY-ST-ZIP  |   |  |  |
| TITLE   | D <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME  | DYER, DOROTHY W                   | NAME   |   |  |  |
| STREET ADDRESS  | P.O. BOX 805                      | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP   | VALRICO, FL 33594                 | CITY-ST-ZIP  |   |  |  |
| TITLE   | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME  |                                   | NAME   |   |  |  |
| STREET ADDRESS  |                                   | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP   |                                   | CITY-ST-ZIP  |   |  |  |
| TITLE   | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME  |                                   | NAME   |   |  |  |
| STREET ADDRESS  |                                   | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP   |                                   | CITY-ST-ZIP  |   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: <u>Richard F. Wheeler (Richard F. Wheeler)</u>   |                                   | 1/9/04 813-685-0050<br><small>Date Daytime Phone #</small>   |   |  |  |