
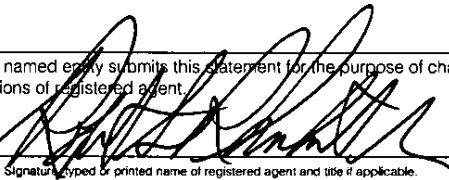
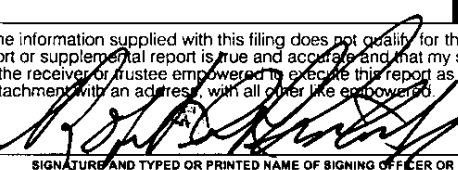


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 24 AM 8:03

<b>DOCUMENT # N04000008474</b> 1. Entity Name <b>WALDEN PLACE ADDITION HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>508 A CAPITAL CIR SE TALLAHASSEE, FL 32301</b>			Mailing Address <b>508 A CAPITAL CIR SE TALLAHASSEE, FL 32301</b>		
2. Principal Place of Business - No P.O. Box # <b>644 CAPITAL CIRCLE NE</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 13089</b> Suite, Apt. #, etc.			
City & State <b>TALLAHASSEE FL</b>		City & State <b>TALLAHASSEE FL</b>		4. FEI Number <b>65-1249223</b>	
Zip <b>32301</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'REILLY, JOHN 508 A CAPITAL CIR SE TALLAHASSEE, FL 32312</b>			7. Name and Address of New Registered Agent Name <b>Robert S Rhinehart</b> Street Address (P.O. Box Number is Not Acceptable) <b>644 CAPITAL CIRCLE NE</b> City <b>TALLAHASSEE FL</b> Zip Code <b>32301</b>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;">           DATE <b>3/21/08</b> </div> </div>					
<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 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>TURNER, DOUG</b> <b>508 A CAPITAL CIR SE</b> <b>TALLAHASSEE, FL 32301</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>O'REILLY, JOHN</b> <b>508 A CAPITAL CIR SE</b> <b>TALLAHASSEE, FL 32301</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>SAXON, FRED</b> <b>508 A CAPITAL CIR SE</b> <b>TALLAHASSEE, FL 32301</b>	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			
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 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>3/21/08</b> <small>Date</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>			