

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004904

FILED  
Feb 10, 2009  
Secretary of State

**Entity Name:** WALDEN VISTA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

106 ARGYLE GATE LOOP ROAD  
DUNDEE, FL 33838 US

**New Principal Place of Business:**

119 ARGYLE GATE LOOP ROAD  
DUNDEE, FL 33838 US

**Current Mailing Address:**

P.O. BOX 114  
DUNDEE, FL 33838 US

**New Mailing Address:**

**FEI Number:** 20-4226339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARSON, DEBORAH  
106 ARGYLE GATE LOOP ROAD  
DUNDEE, FL 33838 US

**Name and Address of New Registered Agent:**

ARIAS, ITALO  
119 ARGYLE GATE LOOP ROAD  
DUNDEE, FL 33838 US

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.

SIGNATURE: ITALO ARIAS

02/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CARSON, DEBORAH  
Address: 106 ARGYLE GATE LOOP ROAD  
City-St-Zip: DUNDEE, FL 33838 US

Title: VP ( ) Delete  
Name: GARCIA, ANGELICA  
Address: 104 ARGYLE GATE LOOP ROAD  
City-St-Zip: DUNDEE, FL 33838 US

Title: S ( ) Delete  
Name: MARMOLEJO, LILIANA  
Address: 119 ARGYLE GATE LOOP ROAD  
City-St-Zip: DUNDEE, FL 33838 US

Title: T (X) Delete  
Name: ARIAS, ITALO  
Address: 119 ARGYLE GATE LOOP RD  
City-St-Zip: DUNDEE, FL 33838 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ARIAS, ITALO  
Address: 119 ARGYLE GATE LOOP ROAD  
City-St-Zip: DUNDEE, FL 33838 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ITALO ARIAS

P

02/10/2009

Electronic Signature of Signing Officer or Director

Date