2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State
03-10-2008 90057 035 ****61.25

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1. Entity Name
WALDEN WOODS NORTH HOMEOWNERS' ASSOCIATION INC.

Principal Place of Business	Mailing Address
6805 W. KINDLEWOOD LANE HOMOSASSA, FL 34446	6805 W. KINDLEWOOD LANE HOMOSASSA, FL 34446

01032008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6961 W. EATONSHIRE PATH	6961 W. EATONSHIRE PATH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMOSASSA, FL	City & State: HOMOSASSA, FL
Zip: 34446 Country: USA	Zip: 34446 Country: USA

4. FEI Number 65-1279425 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WINTERS, JANIS
6805 W. KINDLEWOOD LANE
HOMOSASSA, FL 34446

Frank J Becker

7. Name and Address of New Registered Agent

Name: FRANK J. BECKER
Street Address (P.O. Box Number is Not Acceptable): 10268 CADBURY TERR.
City: HOMOSASSA FL Zip Code: 34446

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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D BOTTS, GARY 10277 S. BAINBRIDGE TERRACE HOMOSASSA, FL 34446	☒ Delete	P/D BULLARD, TRACEY L. JR 6991 W. WILTSHIRE LANE HOMOSASSA, FL 34446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D GILMORE, CINDY 6678 W. CASTLEWOOD LANE HOMOSASSA, FL 34446	☒ Delete	V/D FRANK J. BECKER 10268 CADBURY TERR. HOMOSASSA, FL 34446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEILSON, MARCIA 10328 S. HOLLINGTON TERRACE HOMOSASSA, FL 34446	☒ Delete	D GLENN LIKINS 10275 S. ASHCROFT TERR. HOMOSASSA, FL 34446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D WASHINGTON, MARLENE 10296 S. COVINGTON TERRACE HOMOSASSA, FL 34446	☒ Delete	S/D BETH MAGINN 7083 W. BEDFORDSHIRE LOOP HOMOSASSA, FL 34446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D WINTERS, JANIS 6805 W. KINDLEWOOD LANE HOMOSASSA, FL 34446	☒ Delete	T/D THOMAS PAGANINI 6961 W. EATONSHIRE PATH HOMOSASSA, FL 34446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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.

SIGNATURE: Tracey L Bullard Jr. 3/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #