

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004122

FILED
Feb 08, 2009
Secretary of State

Entity Name: WALDEN WOODS NORTH HOMEOWNERS' ASSOCIATION INC.

Current Principal Place of Business:

6361 W. EATONHIRE PATH
HOMOSASSA, FL 34446

New Principal Place of Business:

6961 W. EATONSHIRE PATH
HOMOSASSA, FL 34446

Current Mailing Address:

6361 W. EATONHIRE PATH
HOMOSASSA, FL 34446

New Mailing Address:

6961 W. EATONSHIRE PATH
HOMOSASSA, FL 34446

FEI Number: 65-1279425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER, FRANK J
10268 CADBURY TERR
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: BULLARD, TRACEY JR L
Address: 6991 W. WILTSHIRE LANE
City-St-Zip: HOMOSASSA, FL 34446

Title: V/D () Delete
Name: BECKER, FRANK
Address: 10268 CADBURY TERR
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: LIKINS, GLENN
Address: 10275 S. ASHCROFT TERR
City-St-Zip: HOMOSASSA, FL 34446

Title: S/D () Delete
Name: MAGINN, BETH
Address: 7083 W. BEDFORDSHIRE LOOP
City-St-Zip: HOMOSASSA, FL 34446

Title: T/D () Delete
Name: PAGANINI, THOMAS
Address: 6961 W. EATONSHIRE PATH
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S/D (X) Change () Addition
Name: MOYHER, DENE
Address: 10256 S BAINBRIDGE TERR
City-St-Zip: HOMOSASSA, FL 34446

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: THOMAS PAGANINI

T/D

02/08/2009

Electronic Signature of Signing Officer or Director

Date