

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000010553

FILED
Dec 04, 2008
Secretary of State

Entity Name: WALDEN OAKS OF WEST MELBOURNE HOMEOWNERS ASSOCIATION INC

Current Principal Place of Business:

1398 PALM BAY RD. NE
PALM BAY, FL 32905 US

New Principal Place of Business:

325 STAN DRIVE
MELBOURNE, FL 32904 US

Current Mailing Address:

1398 PALM BAY RD. NE
PALM BAY, FL 32905 US

New Mailing Address:

325 STAN DRIVE
MELBOURNE, FL 32904 US

FEI Number: 26-3816152 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WORBINGTON, VINCE C
1398 PALM BAY RD NE
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

WORBINGTON, VINCE C
325 STAN DRIVE
MELBOURNE, FL 32904 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: VINCE C WORBINGTON

12/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALTERS, KYLE W
Address: 1398 PALM BAY RD NE
City-St-Zip: PALM BAY, FL 32905 US

Title: SECY () Delete
Name: WORBINGTON, VINCE C
Address: 1398 PALM BAY RD
City-St-Zip: PALM BAY, FL 32905 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALTERS, KYLE W
Address: 325 STAN DRIVE
City-St-Zip: MELBOURNE, FL 32904 US

Title: SECY (X) Change () Addition
Name: WORBINGTON, VINCE C
Address: 325 STAN DRIVE
City-St-Zip: MELBOURNE, FL 32904 US

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: KYLE W WALTERS

P

12/04/2008

Electronic Signature of Signing Officer or Director

Date