

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08115

FILED
Apr 16, 2007
Secretary of State

Entity Name: LAKE WALDEN RESORT HOME OWNERS ASSOCIATION INC.

Current Principal Place of Business:

13582 E HWY 40
#1
SILVER SPRINGS, FL 34488946 US

New Principal Place of Business:

Current Mailing Address:

13582 E HYW 40
#1
SILVER SPRINGS, FL 34488946 US

New Mailing Address:

FEI Number: 59-2860602 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMUSZ, TOM
13582 E HWY 40-204
SILVER SPRINGS, FL 34488 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 () Delete
Name: SMUSZ, TOM
Address: 13582 E HWY 40-204
City-St-Zip: SILVER SPRINGS, FL 34488

Title: V () Delete
Name: APPEL, JENETTE C
Address: 12552 E HWY 40-118
City-St-Zip: SILVER SPRINGS, FL 34488

Title: T () Delete
Name: BARTOL, LOUISE M
Address: 13582 EAST HIGHWAY 40 #147
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D () Delete
Name: APPEL, WALLACE
Address: 13582 E HWY 40 LOT 118
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D () Delete
Name: MOORE, DELIA
Address: 13582 E HWY 40 LOT 169
City-St-Zip: SILVER SPRINGS, FL 34488

Title: DS () Delete
Name: HALLBLADE, SUSAN L
Address: 13582 EAST HIGHWAY 40 LOT 178
City-St-Zip: SILVER SPRINGS, FL 34488

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: () 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 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: LOUISE M. BARTOL

T

04/16/2007

Electronic Signature of Signing Officer or Director

Date