

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08115

FILED
Apr 19, 2009
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 HWY 40
#1
SILVER SPRINGS, FL 34488946 US

New Mailing Address:

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

FEI Number: 59-2860602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEID, ARVIO
13581 E HWY 40-146
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: HEID, ARVID
Address: 13582 E HWY 40-146
City-St-Zip: SILVER SPRINGS, FL 34488

Title: V () Delete
Name: HILLMAN, HERBERT
Address: 12582 E HWY 40-119
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: ISIMINGER, EMMA LOU
Address: 13582 E HWY 10-134
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D () Delete
Name: LUHRS, BRIAN
Address: 13582 E HWY 40-154
City-St-Zip: SILVER SPRINGS, FL 34488

Title: DS () Delete
Name: BENWAY, FRANCES
Address: 13582 E HWY 40-104
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:

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: LOUISE M. BARTOL

T

04/19/2009

Electronic Signature of Signing Officer or Director

Date