

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011301

FILED
Mar 04, 2010
Secretary of State

Entity Name: WALDEN WOODS SOUTH HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

6986 W FALKIRK LN
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

6986 W FALKIRK LN
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 27-1677320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUKSTYS, ROSE M
6986 W FALKIRK LN
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: PD
Name: WALKER, MCCLAREN E
Address: 10745 S ARDMORE DR
City-St-Zip: HOMOSASSA, FL 34446

Title: VPD
Name: LEEK, PHILIP D
Address: 6994 W FALKIRK LN
City-St-Zip: HOMOSASSA, FL 34446

Title: VPD
Name: MARTINOLLI, ROBERT
Address: 6952 W FALKIRK LN
City-St-Zip: HOMOSASSA, FL 34446

Title: SD
Name: CLARK, ARLENE
Address: 7020 W DUNCAN LN
City-St-Zip: HOMOSASSA, FL 34446

Title: TD
Name: MARTINOLLI, JUNE
Address: 6952 W FALKIRK LN
City-St-Zip: HOMOSASSA, FL 34446

I hereby 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 all other like empowered.

SIGNATURE: JUNE MARTINOLLI

TD

03/04/2010

Electronic Signature of Signing Officer or Director

Date