FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:13

DOCUMENT # N13176 (5)

1. Corporation Name

WALDEN LAKE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1602 W.TIMBERLANE DR. P.O.BOX 2270 PLANT CITY FL 33567-5729	1602 W.TIMBERLANE DR. P.O.BOX 2270 PLANT CITY FL 33567-5729

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1986
3a. Date of Last Report: 06/13/1994
4. FEI Number: 59-2633615 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1701 S. Alexander	26 P. O. Box 5698
Suite, Apt. #, etc. 22 Suite 113 P. O. Box 2270	Suite, Apt. #, etc. 27
City & State 23 Plant City, FL	City & State 28 Sun City Center, Fl
Zip 24 33564 Country 25	Zip 29 33571 Country 30

9. Name and Address of Current Registered Agent

FLINN MILTON G.
~~1602 W TIMBERLANE DR~~
~~PLANT CITY FL 33567~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2020 Clubhouse Drive
83
84 City: Sun City Center FL 85 Zip Code: 33573

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		XX Change ☐ Addition
NAME	RILEY, JAMES T.	12 NAME		
STREET ADDRESS	~~1602 WEST TIMBERLANE DR.~~	13 STREET ADDRESS	1701 S. Alexander, Suite 113	
CITY-ST-ZIP	~~PLANT CITY FL~~	14 CITY-ST-ZIP	Plant City, FL 33567	
TITLE	D	21 TITLE		XX Change ☐ Addition
NAME	KURCHINSKI, FRANK	22 NAME		
STREET ADDRESS	~~1602 WEST TIMBERLANE DR.~~	23 STREET ADDRESS	1701 S. Alexander, Suite 113	
CITY-ST-ZIP	~~PLANT CITY FL~~	24 CITY-ST-ZIP	Plant City, FL 33567	
TITLE	~~SD~~	31 TITLE	SD	XX Change ☐ Addition
NAME	~~MERRIN, MARLENE J.~~	32 NAME	Janice Nichols	
STREET ADDRESS	~~1602 WEST TIMBERLANE DR~~	33 STREET ADDRESS	1701 S. Alexander, Suite 113	
CITY-ST-ZIP	PLANT CITY FL	34 CITY-ST-ZIP	Plant City, FL 33567	
TITLE		41 TITLE	VP	☐ Change ☒ Addition
NAME		42 NAME	Robert Speir	
STREET ADDRESS		43 STREET ADDRESS	2891 Hammock Drive	
CITY-ST-ZIP		44 CITY-ST-ZIP	Plant City, FL 33567	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James T. Riley Pres 6/8/95 (813) 754-1894
SIGNATURE AND TYPED OR PRINTED NAME OF DOMINO OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0013020