

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13176 (5)

1. Corporation Name

WALDEN LAKE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1701 S ALEXANDER SUITE 113
P.O. BOX 2270
PLANT CITY FL 33564
USP O BOX 5698
SUN CITY CENTER FL 33571-5698
US3. Date Incorporated or Qualified
01/27/19863a. Date of Last Report
02/16/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLINN MILTON G.
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RILEY, JAMES T.
STREET ADDRESS 1701 S ALEXANDER, SUITE 113
CITY - ST - ZIP PLANT CITY FL1.1 TITLE VP/D
1.2 NAME Dick Latham
1.3 STREET ADDRESS 2307 S. Walden Place
1.4 CITY - ST - ZIP Plant City, FL 33567TITLE D
NAME NELSON, GARY W.
STREET ADDRESS 1701 S ALEXANDER, #113
CITY - ST - ZIP PLANT CITY FL2.1 TITLE T/D
2.2 NAME Chip Stone
2.3 STREET ADDRESS 2806 Wedgewood Drive
2.4 CITY - ST - ZIP Plant City, FL 33567TITLE SD
NAME NICHOLS, JANICE
STREET ADDRESS 1701 S ALEXANDER, SUITE 113
CITY - ST - ZIP PLANT CITY FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE VP
NAME SPEIR, ROBERT
STREET ADDRESS 2891 HAMMOCK DRIVE
CITY - ST - ZIP PLANT CITY FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-97 (813) 634-3311

Date

Daytime Phone # 0046354

CR2E037 (9/96)