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FILED
Feb 12 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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
US

P O BOX 5698
SUN CITY CENTER FL 33571
US

3. Date Incorporated or Qualified

01/27/1986

4. FEI Number

59-2633615

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 FL

☐ DELETE

TITLE D
NAME NELSON, GARY W.
STREET ADDRESS 1701 S ALEXANDER, #113
CITY-ST-ZIP PLANT CITY FL

☐ DELETE

TITLE SD
NAME NICHOLS, JANICE
STREET ADDRESS 1701 S ALEXANDER, SUITE 113
CITY-ST-ZIP PLANT CITY FL

☐ DELETE

TITLE VPD
NAME LATHAM, DICK
STREET ADDRESS 2307 S WALDEN PL
CITY-ST-ZIP PLANT CITY FL

☐ DELETE

TITLE TD
NAME STONE, CHIP
STREET ADDRESS 2808 WEDGEWOOD DR
CITY-ST-ZIP PLANT CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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: Gary W. Nelson, Director

(813) 634-3311

January 22, 1998

CR2E037 (10/97)