

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13176

1. Entity Name

WALDEN LAKE COMMUNITY ASSOCIATION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90022 011 ****61.25

Principal Place of Business

1701 S ALEXANDER SUITE 113
P.O. BOX 2270
PLANT CITY FL 33564
US

Mailing Address

P O BOX 5698
SUN CITY CENTER FL 33571-5698
US

00012340



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3063 SUTTONWOODS DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

City & State

Zip

33567

Country

USA

Country

4. FEI Number

59-2633615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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 2806 WEDGEWOOD DR
CITY-ST-ZIP PLANT CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RILEY, JAMES T.
STREET ADDRESS 3063 SUTTON WOODS DR.
CITY-ST-ZIP PLANT CITY, FL. 33567 ☒ Change ☐ Addition

TITLE D
NAME NELSON, GARY W.
STREET ADDRESS 3063 SUTTON WOODS DR.
CITY-ST-ZIP PLANT CITY, FL. 33567 ☒ Change ☐ Addition

TITLE SD
NAME MURPHY, TERRY
STREET ADDRESS 3063 SUTTON WOODS DR.
CITY-ST-ZIP PLANT CITY, FL. 33567 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-19-00

813-634-3311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #