

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90274 022 *****70.00

DOCUMENT # N13176

1. Entity Name

WALDEN LAKE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**3063 SUTTONWOODS DR
PLANT CITY FL 33567
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

PO BOX 2270

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PLANT CITY FL.

Zip

Country

Zip

Country

33564 US

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 **ROBERT L. WILLIAMSON**

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

2317 N. WALDEN PL.

City **PLANT CITY**

FL

Zip Code

33567

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.

ROBERT L. WILLIAMSON, President/DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-01

**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** ☒ Delete
NAME **RILEY, JAMES T.**
STREET ADDRESS **3063 SUTTON WOODS DR**
CITY-ST-ZIP **PLANT CITY FL 33567**

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

TITLE **SD** ☐ Delete
NAME **MURPHY, TERRY**
STREET ADDRESS **3063 SUTTON WOODS DR**
CITY-ST-ZIP **PLANT CITY FL 33567**

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

TITLE **TD** ☒ Delete
NAME **STONE, CHIP**
STREET ADDRESS **2806 WEDGEWOOD DR**
CITY-ST-ZIP **PLANT CITY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **WILLIAMSON, ROBERT L.**
STREET ADDRESS **2317 N. WALDEN PLACE, PLANT CITY, FL.**
CITY-ST-ZIP **33567**

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

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

TITLE **VPD** ☒ Change ☐ Addition
NAME **GRIFFIN, JAN**
STREET ADDRESS **3032 SUTTON WOODS DR. E.**
CITY-ST-ZIP **PLANT CITY, FL 33567**

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT L. WILLIAMSON

2-28-01

813-752-4495

Daytime Phone #

CR2E037 (10/00)