

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90137 008 ****70.00

DOCUMENT # N13176

1. Entity Name

WALDEN LAKE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

P.O. BOX 2270
 PLANT CITY FL 33564
 US

2. Principal Place of Business

3. Mailing Address

1514 S. Alexander St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 106

City & State
Plant City, FL.

City & State

Zip
33566

Country
USA

Zip

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

7. Name and Address of New Registered Agent

WILLIAMSON, ROBERT L.
2317 N WALDEN PL.
PLANT CITY FL 33567

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	WILLIAMSON, ROBERT	2317 N WALDEN PLACE	PLANT CITY FL 33567	<input type="checkbox"/>
D	NELSON, GARY W.	3063 SUTTON WOODS DR	PLANT CITY FL 33567	<input checked="" type="checkbox"/>
SD	MURPHY, TERRY	3063 SUTTON WOODS DR	PLANT CITY FL 33567	<input checked="" type="checkbox"/>
VPD	GRIFFIN, JAN	3063 SUTTON WOODS DRIVE Suite 106 1514 S. Alex St.	PLANT CITY FL 33567	<input type="checkbox"/>
TD	RILEY, JAMES T	3063 SUTTON WOODS DRIVE	PLANT CITY FL 33567	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Frank Salerno	1514 S. Alexander St. Suite 106	Plant City, FL. 33566	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Secretary Lynda French	3507 Kilmer Dr.	Plant City, FL. 33567	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	Treasurer Carl Savoia	2202 Clubhouse Drive	Plant City, FL. 33567	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* **2-4-02** 727 577 2008
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)