

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15592

FILED
Jul 06, 2007
Secretary of State

Entity Name: WALDEN WOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

4808 WETHERSFIELD PL W
JACKSONVILLE, FL 32257

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

4808 WETHERSFIELD PL W
JACKSONVILLE, FL 32257

FEI Number: 59-2715533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KISSEL, SHELLY PD
4808 WETHERSFIELD PL W
JACKSONVILLE, FL 32257 US

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: SHELLY KISSEL

07/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: OSBORN, W R
Address: 4860 NORTHFORD PL W
City-St-Zip: JAX, FL 32257

Title: PD () Delete
Name: KISSEL, SHELLY
Address: 4808 WETHERSFIELD PLACE W.
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: MILLER, DON
Address: 4879 NORTHPORT PL. W.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change (X) Addition
Name: ~~BEHSTON, AMBERN~~
Address: ~~4828 WETHERSFIELD PL W~~
City-St-Zip: ~~JACKSONVILLE, FL 32257~~

Title: D () Change (X) Addition
Name: LEHMAN, ED
Address: 4837 WETHERSFIELD PL W
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Change (X) Addition
Name: ~~KINGSTON~~
Address: ~~4880 NORTHPORT PL. W.~~
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLY KISSEL

PD

07/06/2007

Electronic Signature of Signing Officer or Director

Date