

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15592

FILED
Apr 20, 2009
Secretary of State

Entity Name: WALDEN WOOD ASSOCIATION, INC.

Current Principal Place of Business:

4808 WETHERSFIELD PL W
JACKSONVILLE, FL 32257

New Principal Place of Business:

4837 WETHERSFIELD PL W
JACKSONVILLE, FL 32257

Current Mailing Address:

4808 WETHERSFIELD PL W
JACKSONVILLE, FL 32257

New Mailing Address:

P.O. BOX 56605
JACKSONVILLE, FL 32241

FEI Number: 59-2715533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LEHMAN, AMBER M TRES.
4837 WETHERSFIELD PLACE WEST
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: AMBER M. LEHMAN

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: LEHMAN, AMBER
Address: 4837 WETHERSFIELD 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: GAUDETTE, JOANNE
Address: 11253 BROCKTON PLACE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: BRISTOL, STEVEN
Address: 11281 SOUTHLINGTON PL
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Delete
Name: BIRDSALL, RICHARD
Address: 4876 TRUMBALL PLACE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: WEGNER, RODNEY
Address: 4878 TRUMBALL PALCE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: KISSEL, SHELLY
Address: 4808 WETHERSFIELD PLACE W.
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BRISTOL, STEVEN
Address: 11281 SOUTHLINGTON PL
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AMBER M. LEHMAN

TRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date