

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15592

FILED
Apr 24, 2012
Secretary of State

Entity Name: WALDEN WOOD ASSOCIATION, INC.

Current Principal Place of Business:

4837 WETHERSFIELD PL W
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 56605
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 59-2715533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEHMAN, AMBER M TRES.
4837 WETHERSFIELD PLACE WEST
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DT
Name: LEHMAN, AMBER
Address: 4837 WETHERSFIELD PL W
City-St-Zip: JAX, FL 32257

Title: DP
Name: WEGNER, RODNEY
Address: 4878 TRUMBULL PLACE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D
Name: GAUDETTE, JOANNE
Address: 11253 BROCKTON PLACE
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP
Name: DAVIS, ARTHUR
Address: 11260 SOUTHLINGTON PLACE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D
Name: LARRY, RIZK
Address: 4890 TORRINGTON PLACE
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

SIGNATURE: AMBER M. LEHMAN

DT

04/24/2012

Electronic Signature of Signing Officer or Director

Date