

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90017 003 ****61.25

DOCUMENT # N16037

1. Entity Name

WALDEN OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1455 WALDEN OAKS PL
PLANT CITY FL 33566
US

Mailing Address

1455 WALDEN OAKS PL
PLANT CITY FL 33566
US

2. Principal Place of Business - No P.O. Box

1416 Walden Oaks Place

3. Mailing Address

1416 Walden Oaks Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City FL

City & State

Plant City FL

Zip

33563

Country

USA

Zip

33563

Country

USA

4. FEI Number

59-2697352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOROTA & ZSCHAU
2900 US HWY 19 N, SUITE 501
CLEARWATER FL 34621

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JIM BAKER	
STREET ADDRESS	1455 WALDEN OAKS PLACE	
CITY- ST- ZIP	PLANT CITY FL 33566	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RHODES, STEPHEN L	
STREET ADDRESS	1450 WALDEN OAKS PL	
CITY- ST- ZIP	PLANT CITY FL 33563	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GERALDINE, BROWNLEE	
STREET ADDRESS	1446 WALDEN OAKS PL	
CITY- ST- ZIP	PLANT CITY FL 33563	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President (VD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leslee Escobio	
STREET ADDRESS	1418 Walden Oaks Place	
CITY- ST- ZIP	Plant City FL 33563	
TITLE	President (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sylvia Wilson	
STREET ADDRESS	1416 Walden Oaks Place	
CITY- ST- ZIP	Plant City FL 33563	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	SD Hazel Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1422 Walden Oaks Place	
CITY- ST- ZIP	Plant City FL 33563	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Sylvia Wilson

3-6-08