## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16037

FILED Apr 13, 2009 Secretary of State

Entity Name: WALDEN OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1416 WALDEN OAKS PL PLANT CITY, FL 33563 US

Current Mailing Address: New Mailing Address:

1416 WALDEN OAKS PL PLANT CITY, FL 33563 US 1455 WALDEN OAKS PL PLANT CITY, FL 33563 US

FEI Number: 59-2697352 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VP
 ( ) Delete
 Title:
 VP
 (X) Change ( ) Addition

 Name:
 ESCOBIO, LESLEE
 Name:
 BROWNLEE, GERI

 Address:
 1418 WALDEN OAKS PLACE
 Address:
 1446 WALDEN OAKS PLACE

 City-St-Zip:
 PLANT CITY, FL 33563
 City-St-Zip:
 PLANT CITY, FL 33563

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WILSON, SYLVIA
 Name:

 Address:
 1416 WALDEN OAKS PLACE
 Address:

 City-St-Zip:
 PLANT CITY, FL 33563
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 GERALDINE, BROWNLEE
 Name:

 Address:
 1446 WALDEN OAKS PL
 Address:

 City-St-Zip:
 PLANT CITY, FL 33563
 City-St-Zip:

 $\label{eq:time_special} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{(X) Change () Addition}$ 

 Name:
 SMITH, HAZEL
 Name:
 BAKER, JUDY

 Address:
 1422 WALDEN OAKS PL
 Address:
 1455 WALDEN OAKS PL

 City-St-Zip:
 PLANT CITY, FL 33563
 City-St-Zip:
 PLANT CITY, FL 33563

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: JUDY BAKER SD 04/13/2009