

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21396 (9)

1. Corporation Name
WALDEN OAKS OF NAPLES HOMEOWNERS ASSOCIATION, IN C.



Principal Place of Business
**6734 LONE OAK BLVD
NAPLES FL 33942**

Mailing Address
**PO BOX 7105
NAPLES FL 33941
US**

3. Date Incorporated or Qualified
06/30/1987

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0030879

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent
**JOHNSON, HENRY P
6734 LONE OAK BLVD
NAPLES FL 33942**

10. Name and Address of New Registered Agent
81 Name **Beverly Kuetter**
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Sunburst Mgmt. Corp.
2079 J+C Blvd.
83 City **Naples** FL 85 Zip Code **33942**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Beverly Kuetter* 3/5/96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BUCK, ROBERT L 6734 LONE OAK BLVD NAPLES FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.D McKnight, Alice 4526 Ilex Circle NAPLES, FL. 33942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, HENRY P 6734 LONE OAK BLVD NAPLES FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V.P.D Spriggs, John 6538 Ilex Circle NAPLES, FL. 33942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GD QUINTERO, MICHELE 6734 LONE OAK BLVD NAPLES FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S.T.D French, John 6640 Ilex Circle #6 NAPLES, FL. 33942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Reinbolt, Judith 6648 TANNIN LAWN #D NAPLES, FL. 33942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D KENVIN, Lucille 6642 TANNIN LN. #A NAPLES, FL. 33942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alice McKnight* 3/5/96 DATE 941/591-2040 DAYTIME PHONE #

CR2E037 (12/95)