

**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

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

9. Name and Address of Current Registered Agent  
**JOHNSON, HENRY P  
6736 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

TITLE	<del>DPT</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>BUCK, ROBERT L.</del>	
STREET ADDRESS	<del>6734 LONE OAK BLVD</del>	
CITY - ST - ZIP	<del>NAPLES FL</del>	
TITLE	<del>VP</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>JOHNSON, HENRY P.</del>	
STREET ADDRESS	<del>6736 LONE OAK BLVD</del>	
CITY - ST - ZIP	<del>NAPLES FL</del>	
TITLE	<del>GD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>QUINTERO, MICHELE</del>	
STREET ADDRESS	<del>6734 LONE OAK BLVD</del>	
CITY - ST - ZIP	<del>NAPLES FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McKnight, Alice	
1.3 STREET ADDRESS	4526 Ilex Circle	
1.4 CITY - ST - ZIP	NAPLES, FL. 33942	
2.1 TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Spriggs, John	
2.3 STREET ADDRESS	6538 Ilex Circle	
2.4 CITY - ST - ZIP	NAPLES, FL. 33942	
3.1 TITLE	S, T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	French, John	
3.3 STREET ADDRESS	4640 Ilex Circle #6	
3.4 CITY - ST - ZIP	NAPLES, FL. 33942	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Reinbolt, Judith	
4.3 STREET ADDRESS	4648 TAMMUN LAWE #D	
4.4 CITY - ST - ZIP	NAPLES, FL. 33942	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KENVIN, Lucille	
5.3 STREET ADDRESS	4642 TAMMUN LA. #A	
5.4 CITY - ST - ZIP	NAPLES, FL. 33942	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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* 3/5/96 941/591-2040 DATE Daytime Phone #

CR2E037 (12/95)