

FILE NOW: FILING FEE IS \$61.25

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**May 08 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NA1396
 1. Corporation Name
Walden Oaks of Naples Homeowners Association, Inc.

Principal Place of Business _____ Mailing Address _____

3. Date Incorporated or Qualified <u>6-30-87</u>		3a. Date of Last Report	
21. Principal Place of Business <u>CO HOA Management</u>	26. Mailing Address <u>CO HOA Management</u>	4. FEI Number <u>65-0030879</u>	Applied For <input type="checkbox"/> Not Applicable
22. St. le. Apt # etc. <u>265 Airport Blvd</u>	27. Suite, Apt #, etc. <u>265 Airport Blvd</u>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State <u>Naples FL</u>	28. City & State <u>Naples FL</u>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip <u>34104</u>	25. Country	29. Zip <u>34104</u>	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name <u>Henry Paul Johnson P.A.</u>			
				82 Street Address (P.O. Box Number is Not Acceptable) <u>6736 Lone Oak Blvd</u>			
				83			
				84 City <u>Naples</u>	FL	85 Zip Code <u>34109</u>	

11. Pursuant to the provisions of Sections 617.0501 and 617.0506, 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 _____ DATE 4/2/97
Signature of the registered agent or title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<u>Richard Kilgore</u>
STREET ADDRESS		1.3 STREET ADDRESS	<u>7090 Lone Oak</u>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<u>Naples FL 34109</u>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<u>Tony D'Alessio</u>
STREET ADDRESS		2.3 STREET ADDRESS	<u>6899 Lone Oak</u>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<u>Naples FL 34109</u>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<u>Joel Miller</u>
STREET ADDRESS		3.3 STREET ADDRESS	<u>6908 Lone Oak</u>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<u>Naples FL 34109</u>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<u>Hoky Kevin</u>
STREET ADDRESS		4.3 STREET ADDRESS	<u>6042 Tannin Lane #4</u>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<u>Naples FL 34109</u>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<u>Alice McInight</u>
STREET ADDRESS		5.3 STREET ADDRESS	<u>6526 Flex Circle</u>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<u>Naples FL 34109</u>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	600002184116
STREET ADDRESS		6.3 STREET ADDRESS	-05/20/97--01002--007
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***\$1.25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Richard Kilgore Date: April 24, 1997 Daytime Phone #: 941-591-8841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)