

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 12 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21396 (9)**

1. Corporation Name  
**WALDEN OAKS OF NAPLES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O R &amp; P MANAGEMENT                  265 AIRPORT RD S                  NAPLES FL 34104</b>	Mailing Address <b>C/O R &amp; P MANAGEMENT                  265 AIRPORT RD S                  NAPLES FL 34104</b>
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3. Date Incorporated or Qualified  
**06/30/1987**

4. FEI Number  
**65-0030879**

Applied For  
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**


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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**JOHNSON, HENRY P**  
**6736 LANE OAK BLVD**  
**NAPLES FL 34109**

 **Property Management**  
**265 Airport Road South**  
**Naples, FL 34104**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number Is Not Acceptable)  
**Property Management**  
**265 Airport Road South**  
**Naples, FL 34104**  
 83  
 84 City **FL** 85 Zip Code

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 *Henry P Johnson* *Henry P Johnson* DATE **2/17/98**

Signature typed and name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKNIGHT, ALICE</b>	1.2 NAME	
STREET ADDRESS	<b>6526 ILEX CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KILGORE, RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>7090 LONE OAK</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34709</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DALESSIO, TONY</b>	3.2 NAME	
STREET ADDRESS	<b>8899 LONE OAK</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, JOEL</b>	4.2 NAME	
STREET ADDRESS	<b>6908 LONE OAK</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENVIN, LUCILLE</b>	5.2 NAME	
STREET ADDRESS	<b>6642 TANNIN LANE #A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **3/5/98** **941-777-3600**

CR2E037 (10/97)