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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N21396

1. Corporation Name

WALDEN OAKS OF NAPLES HOMEOWNERS ASSOCIATION, IN C.

452618-90285-31

Principal Place of Business

C/O R & P MANAGEMENT
 265 AIRPORT RD S
 NAPLES FL 34104

Mailing Address

C/O R & P MANAGEMENT
 265 AIRPORT RD S
 NAPLES FL 34104



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/30/1987

4. FEI Number

65-0030879

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~JOHNSON HENRY P
 6736 LANE OAK BLVD
 NAPLES FL 34109~~

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box) **Property Management**
 83 **265 Airport Road South**
Naples, FL 34104
 84 City
 85 Zip Code **FL 34104**

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

Robert C. [Signature] *James [Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCKNIGHT, ALICE | |
| STREET ADDRESS | 6526 ILEX CIRCLE | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | KILGORE, RICHARD | |
| STREET ADDRESS | 7090 LONE OAK | |
| CITY-ST-ZIP | NAPLES FL 34709 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | DALESSIO, TONY | |
| STREET ADDRESS | 6899 LONE OAK | |
| CITY-ST-ZIP | NAPLES FL 34109 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | MILLER, JOEL | |
| STREET ADDRESS | 6908 LONE OAK | |
| CITY-ST-ZIP | NAPLES FL 34109 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | KENVIN, LUCILLE | |
| STREET ADDRESS | 6642 TANNIN LANE #A | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | PARANZINO, PHYLLIS | |
| 1.3 STREET ADDRESS | 6654 TANNIN LANE #B | |
| 1.4 CITY-ST-ZIP | NAPLES, FL. 34109 | |
| 2.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | HELEN , TERRI ELLISON | |
| 2.3 STREET ADDRESS | 7009 LONE OAK BLVD. | |
| 2.4 CITY-ST-ZIP | NAPLES FL. 34109 | |
| 3.1 TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | KILGORE JANE | |
| 3.3 STREET ADDRESS | 7090 LONE OAK BLVD. | |
| 3.4 CITY-ST-ZIP | NAPLES, FL. 34109 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | CHRISTIAN-MYERS, ELLED | |
| 5.3 STREET ADDRESS | 7091 LONE OAK BLVD. | |
| 5.4 CITY-ST-ZIP | NAPLES, FL. 34109 | |
| 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

941-774-2600

Date

Daytime Phone #

CR2E037 (1/198)