

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90033 048 ****61.25

DOCUMENT # N21396

1. Entity Name

WALDEN OAKS OF NAPLES HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

Mailing Address

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

C/O R & P MANAGEMENT
 265 AIRPORT RD S
 NAPLES FL 34104-3518

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0030879

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROPERTY MANAGEMENT
265 AIRPORT RD SOUTH
NAPLES FL 34104

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D PARANZINO, PHYLLIS**
 STREET ADDRESS **6654 TANNIN LN.,#B**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD ELLISON, TERRI**
 STREET ADDRESS **7009 LONGOAK BLVD**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD KILGORE, JANE**
 STREET ADDRESS **7090 LONEOAK BLVD**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD MILLER, JOEL**
 STREET ADDRESS **6908 LONE OAK**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD CHRISTIAN-MYERS, ELLED**
 STREET ADDRESS **7091 LONE OAK BLVD**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL MILLER **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/11/00 Daytime Phone # 493-3253

CR2E037 (9/99)