

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 08:00 AM
Secretary of State

DOCUMENT # N21396

1. Entity Name
WALDEN OAKS OF NAPLES HOMEOWNERS ASSOCIATION, INC.

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
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number
65-0030879

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PROPERTY MANAGEMENT
265 AIRPORT RD SOUTH

NAPLES FL 34104

7. Name and Address of New Registered Agent

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 **GLENN CARROLL** DATE **04/28/2001**

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTIAN-MYERS ELLED	
STREET ADDRESS	7091 LONE OAK BLVD	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MILLER JOEL	
STREET ADDRESS	6908 LONE OAK	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KILGORE JANE	
STREET ADDRESS	7090 LONE OAK BLVD	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ELLISON TERRI	
STREET ADDRESS	7009 LONGOAK BLVD	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARANZINO PHYLLIS	
STREET ADDRESS	6654 TANNIN LN.,#B	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON CAROL	
STREET ADDRESS	7038 LONE OAK BLVD	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIRCELL CARMELA	
STREET ADDRESS	7042 LONE OAK BLVD	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMINSON RON	
STREET ADDRESS	7098 LONE OAK BLVD	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: **RON CLEMINSON** PD 04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)