

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21396

FILED  
Mar 25, 2005  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0030879      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

R & P PROPERTY MANAGEMENT  
265 AIRPORT RD SOUTH  
NAPLES, FL 34104      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CLEMINSON, RON  
Address: 7098 LONE OAK BLVD  
City-St-Zip: NAPLES, FL 34109

Title: VPD ( ) Delete  
Name: BRETZLAFF, IRENE  
Address: 6972 LONE OAK BLVD  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: SWAN, DON  
Address: 6568  
City-St-Zip: NAPLES, FL 34109

Title: SD ( ) Delete  
Name: SMITH, JAMES  
Address: 6660 ILEX CIRCLE, 5-A  
City-St-Zip: NAPLES, FL 34109

Title: TD ( ) Delete  
Name: CLARK, BETH  
Address: 6490 ILEX CIRCLE  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: WERNES, TOM  
Address: 6364 ILEX CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: D (X) Change ( ) Addition  
Name: SMALL, ALAN  
Address: 6606 TANNIN LANE #D  
City-St-Zip: NAPLES, FL 34109

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: CLARK, BILL  
Address: 6499 ILEX CIRCLE  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN CARROLL

PRES

03/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date