2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N21396

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

Current Principal Place of Business:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109

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:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109 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:	P	( ) Delete
Name:	CLEMINSON, RON	
Address:	6590 ILEX CIR	
City-St-Zip:	NAPLES, FL 34109	
Title:	VP	( ) Delete
Name:	WERNES, TOM	
Address:	6364 ILEX CIRCLE	
City-St-Zip:	NAPLES, FL 34109	
Title:	T	( ) Delete
Name:	CEDRAS, ANDRE	
Address:	6503 ILEX CIRCLE	
City-St-Zip:	NAPLES, FL 34109	
Title:	S	( ) Delete
Name:	SMITH, JAMES	
Address:	6660 ILEX CIRCLE, 5-A	
City-St-Zip:	NAPLES, FL 34109	
Title:	D	( ) Delete
Name:	SMALL, ALAN	
Address:	6606 TANNIN LANE, D	
City-St-Zip:	NAPLES, FL 34109	
Title:	D	( ) Delete
Name:	DIABLO, HERB	
Address:	6981 LONE OAK BLVD	
City-St-Zip:	NAPLES, FL 34109	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BYRON ROSS MGR 04/24/2007
Electronic Signature of Signing Officer or Director — Date