


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N21998 1. Entity Name THE WESTWOOD HOMEOWNERS ASSOCIATION OF WALDEN LAKE, INC.	
---	---

Principal Place of Business 4315 KIPLING AVE. PLANT CITY, FL 33566	Mailing Address % P.O. BOX 4436 PLANT CITY, FL 33564-4436
--	---



04062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2841849	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DARAMAS, TOM 1514 S ALEXANDER ST., STE 106 PLANT CITY, FL 33563

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLSON, LARRY 4315 KIPLING AVE. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASDEN, SHERI 4304 BARREL AVE. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, HARRY 4309 BARRET AVE. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000501023
04/25/06-80045-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 6, 2006 813-757-6011