

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N21998

1. Entity Name
THE WESTWOOD HOMEOWNERS ASSOCIATION OF
WALDEN LAKE, INC.



Principal Place of Business
4214 BARRET AVE.
PLANT CITY, FL 33566

Mailing Address
% P.O. BOX 4436
PLANT CITY, FL 33564-4436

DO NOT WRITE IN THIS SPACE



03062008 No Chg-NP CR2E037 (4/06)

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OLSON, LARRY
STREET ADDRESS	4315 KIPLING AVE.
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	D
NAME	WASDEN, SHERI
STREET ADDRESS	4304 BARREL AVE.
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	P
NAME	HAINES, DANIEL
STREET ADDRESS	4214 BARRET AVE
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	D
NAME	HAYS, LARRY
STREET ADDRESS	4211 BARRETT AVE
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000857408
04/01/08-80002-025 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

Daniel P. Haines

Daniel P Haines

3/10/08 813 707 0911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #