

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21998

FILED  
May 14, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4214 BARRET AVE.  
PLANT CITY, FL 33566

**New Principal Place of Business:**

**Current Mailing Address:**

% P.O. BOX 4436  
PLANT CITY, FL 335644436

**New Mailing Address:**

**FEI Number:** 59-2841849      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

DARAMAS, TOM  
1514 S ALEXANDER ST., STE 106  
PLANT CITY, FL 33563 US

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: D ( ) Delete  
Name: OLSON, LARRY  
Address: 4315 KIPLING AVE.  
City-St-Zip: PLANT CITY, FL 33566

Title: D ( ) Delete  
Name: WASDEN, SHERI  
Address: 4304 BARREL AVE.  
City-St-Zip: PLANT CITY, FL 33566

Title: P ( ) Delete  
Name: HAINES, DANIEL  
Address: 4214 BARRET AVE  
City-St-Zip: PLANT CITY, FL 33566

Title: D ( ) Delete  
Name: HAYS, LARRY  
Address: 4211 BARRETT AVE  
City-St-Zip: PLANT CITY, FL 33566

**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:

I hereby certify that the information supplied with this filing does not qualify 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: SHERI WASDEN

TREA

05/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date