

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90134 013 ****70.00

DOCUMENT # N24668

1. Entity Name

WALDEN WOODS MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10346 S. AMESBURY PT.
 HOMOSASSA FL 34446
 US

10346 S. AMESBURY PT.
 HOMOSASSA FL 34446
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2869640**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLE, MARY ELLEN
10346 S AMESBURY PT
HOMOSASSA FL 34446

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Mary Ellen Cole

3/18/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **BURKE, WILLIAM**
 STREET ADDRESS **7015 W RUSHPORT LN**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **D** ☒ Change ☐ Addition
 NAME **HARTLEY, BARBARA**
 STREET ADDRESS **6985 W RUSHPORT DR**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **P** ☒ Delete
 NAME **WHITNEY, JOHN**
 STREET ADDRESS **7046 W LINCOLNSHIRE DRIVE**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **PD** ☒ Change ☐ Addition
 NAME **LARSSON, GEORGE**
 STREET ADDRESS **10486 DARBYSHIRE TERR**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **V** ☒ Delete
 NAME **WILSON, JAMES**
 STREET ADDRESS **6974 W WOODBRIDGE DRIVE**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **V** ☒ Change ☐ Addition
 NAME **HOSFORD, ROBERT**
 STREET ADDRESS **10348 S WALDEN FOREST CR**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **TD** ☐ Delete
 NAME **COLE, MARY ELLEN**
 STREET ADDRESS **10346 S AMESBURY PT**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **BRUNNER, DOROTHY**
 STREET ADDRESS **10377 S AMESBURY POINT**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **SD** ☒ Change ☐ Addition
 NAME **COPELAND, MARGARET**
 STREET ADDRESS **6998 W WALDENWOODS DR**
 CITY-ST-ZIP **HOMOSASSA, FL 34446**

TITLE **TD** ☐ Delete
 NAME **COLE, MARY ELLEN**
 STREET ADDRESS **10346 S AMESBURY POINT**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

MARY ELLEN COLE *Mary Ellen Cole*

3/18/2002 (352) 0886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)