

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24668

FILED
Feb 07, 2009
Secretary of State

Entity Name: WALDEN WOODS MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10455 S. SUNCOAST BLVD
HOMOSASSA, FL 34446 US

New Principal Place of Business:

Current Mailing Address:

10446 S. WALDEN FOREST CIRCLE
HOMOSASSA, FL 34446 US

New Mailing Address:

FEI Number: 27-0113961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZALUDEK, SHARON A
10446 S WALDEN FOREST CIR
HOMOSASSA, FL 34446 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: PD () Delete
Name: GREEN, EDWARD
Address: 7137 W. WALDEN WOODS
City-St-Zip: HOMOSASSA, FL 34446

Title: VD () Delete
Name: PATRICIA, PEWARSKI
Address: 7145 W WALDEN WOODS DR
City-St-Zip: HOMOSASSA, FL 34446

Title: VD () Delete
Name: SCHWENT, SONNY
Address: 7127 W. LINCOLNSHIRE DRIVE
City-St-Zip: HOMOSASSA, FL 34446

Title: SD () Delete
Name: HURLEY, ALICE
Address: 6884 W RUSHPORT LANE
City-St-Zip: HOMOSASSA, FL 34446

Title: TD () Delete
Name: ZALUDEK, SHARON A
Address: 10446 S. WALDEN FOREST CIRCLE
City-St-Zip: HOMOSASSA, FL 34446

Title: DIR () Delete
Name: TOOKE, ERVIN
Address: 7058 WALDENWOODS DRIVE
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: ROBERT, DIFIORE
Address: 10454 S. WALDEN FOREST CIRCLE
City-St-Zip: HOMOSASSA, FL 34446

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

Title: SD (X) Change () Addition
Name: VAN CLEEF, MARYANN
Address: 10448 KIRKHAM TERRACE
City-St-Zip: HOMOSASSA, FL 34446

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: SHARON A. ZALUDEK

TD

02/07/2009

Electronic Signature of Signing Officer or Director

Date