

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 11 01 AM

DOCUMENT # N26438 (4)

1. Corporation Name

SUTTON PLACE OF WALDEN LAKE HOMEOWNERS ASSOCIATI
ON, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1802 WEST TIMBERLANE DRIVE 1802 WEST TIMBERLANE DRIVE
PLANT CITY FL 33567-5729 PLANT CITY FL 33567-5729

3. Date Incorporated or Qualified 05/13/1988 3a. Date of Last Report 07/11/1994
4. FEI Number 59-2889708 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 1701 S. Alexander 26 P. O. Box 5698
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 113 27
City & State City & State
23 Plant City, FL 28 Sun City Center, FL
Zip Country Zip Country
24 33567 25 33571 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
FLINN, MILTON G 2020 Clubhouse Drive
1802 W. TIMBERLANE DRIVE Sun City Center, FL
PLANT CITY FL 33567 33573
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 2020 Clubhouse Drive
84 City
85 Sun City Center FL 33573

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD 11 TITLE PD ☒ Change ☐ Addition
NAME RILEY, TOM 12 NAME James T. Riley
STREET ADDRESS 1602 W. TIMBERLANE DR. - 13 STREET ADDRESS 1701 S. Alexander, Ste. 113
CITY - ST - ZIP PLANT CITY - FL 14 CITY - ST - ZIP Plant City, FL 33567
TITLE D 21 TITLE ☐ Change ☐ Addition
NAME CONDOROUSIS, NICK 22 NAME
STREET ADDRESS 2020 CLUBHOUSE DR. 23 STREET ADDRESS
CITY - ST - ZIP SUN CITY CENTER FL 24 CITY - ST - ZIP
TITLE D 31 TITLE ☒ Change ☐ Addition
NAME NELSON, GARY W. 32 NAME
STREET ADDRESS 1802 W. TIMBERLANE DR. - 33 STREET ADDRESS 2020 Clubhouse Drive
CITY - ST - ZIP PLANT CITY - FL 34 CITY - ST - ZIP Sun City Center, FL 33573
TITLE 41 TITLE ☐ Change ☐ Addition
NAME 42 NAME
STREET ADDRESS 43 STREET ADDRESS
CITY - ST - ZIP 44 CITY - ST - ZIP
TITLE 51 TITLE ☐ Change ☐ Addition
NAME 52 NAME
STREET ADDRESS 53 STREET ADDRESS
CITY - ST - ZIP 54 CITY - ST - ZIP
TITLE 61 TITLE ☐ Change ☐ Addition
NAME 62 NAME
STREET ADDRESS 63 STREET ADDRESS
CITY - ST - ZIP 64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary Nelson 6-8-95 813/634-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #