
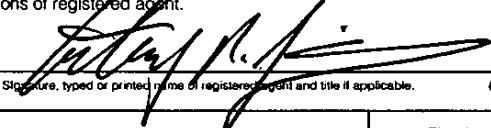
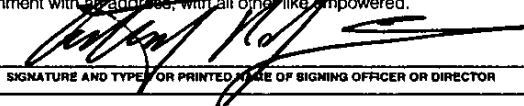


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N27268 1. Entity Name WALDEN PLACE HOMEOWNERS' ASSOCIATION, INC.						FILED 05 APR 29 PM 2:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business %CATHERINE D. MAYFIELD 4223 CAPITAL CIRCLE, NW TALLAHASSEE, FL 32303-7214				Mailing Address %CATHERINE D. MAYFIELD 4223 CAPITAL CIRCLE, NW TALLAHASSEE, FL 32303-7214			
2. Principal Place of Business Anthony Jusevitch Suite, Apt. #, etc. 2041 Atascadero Ct City & State Tallahassee FL Zip 32317		3. Mailing Address Anthony Jusevitch Suite, Apt. #, etc. 2041 Atascadero Ct City & State Tallahassee FL Zip 32317		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
Country U.S.		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04192005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent MAYFIELD, CATHERINE D. 4223 CAPITAL CIRCLE, NW TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Anthony Jusevitch Street Address (P.O. Box Number is Not Acceptable) 2041 Atascadero Ct City Tallahassee FL Zip Code 32317			
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  President <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/28/05			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYFIELD, CATHERINE D. 4223 CAPITAL CIRCLE, NW TALLAHASSEE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ron White Vice President 2017 Atascadero Ct. Tallahassee FL 32317 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYFIELD, EMORY L. 4223 CAPITAL CIRCLE, NW TALLAHASSEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barbara Bushari S Secretary 2033 Atascadero Ct. Tallahassee FL 32317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVEN, RANEY 4223 CAPITAL CIRCLE, NW TALLAHASSEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Davidson Treasurer 7048 Atascadero Ln Tallahassee FL 32317 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anthony Jusevitch President 2041 Atascadero Ct. Tallahassee FL 32317 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200054203752 05/10/05--01039--014 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 				4/28/05		850-322-7488	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	