

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N27268

1. Entity Name  
WALDEN PLACE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business  
%ANTHONY JUSEVITCH  
2041 ATASCADERO CT  
TALLAHASSEE, FL 32317

Mailing Address  
%ANTHONY JUSEVITCH  
2041 ATASCADERO CT  
TALLAHASSEE, FL 32317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10242006

REIN-NP

CR2E099 (11/05)

4. FEI Number  
NOT APPLICABLE

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

JUSEVITCH, ANTHONY  
2041 ATASCADERO CT  
TALLAHASSEE, FL 32317

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**  
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete  
NAME WHITE, RON  
STREET ADDRESS 2017 ATASCADERO CT  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE S ☐ Delete  
NAME BUSHARIS, BARBARA  
STREET ADDRESS 2033 ATASCADERO CT  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE T ☐ Delete  
NAME DAVIDSON, ROBERT  
STREET ADDRESS 7048 ATASCADERO CT  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE P ☐ Delete  
NAME JUSEVITCH, ANTHONY  
STREET ADDRESS 2041 ATASCADERO CT  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 000081553920  
STREET ADDRESS 11/06/06--01045--001 \*\*\$61.25  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 and all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2006 NOV -6 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10242006 REIN-NP CR2E099 (11/05)

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/06 850-322-7488