

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90044 012 ****61.25

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

DO NOT WRITE IN THIS SPACE

02292008 No Chg-NP

CR2E037 (4/06)

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

JUSEVITCH, ANTHONY
2041 ATASCADERO CT
TALLAHASSEE, FL 32317

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT W. DAVIDSON

3/9/08

(850)

509-7833