

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27268

FILED
Feb 06, 2009
Secretary of State

Entity Name: WALDEN PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

%ANTHONY JUSEVITCH
2041 ATASCADERO CT
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

%ANTHONY JUSEVITCH
2041 ATASCADERO CT
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JUSEVITCH, ANTHONY
2041 ATASCADERO CT
TALLAHASSEE, FL 32317 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: VP () Delete
Name: WHITE, RON
Address: 2017 ATASCADERO CT
City-St-Zip: TALLAHASSEE, FL 32317

Title: S () Delete
Name: BUSHARIS, BARBARA
Address: 2033 ATASCADERO CT
City-St-Zip: TALLAHASSEE, FL 32317

Title: T () Delete
Name: DAVIDSON, ROBERT
Address: 7048 ATASCADERO CT
City-St-Zip: TALLAHASSEE, FL 32317

Title: P () Delete
Name: JUSEVITCH, ANTHONY
Address: 2041 ATASCADERO CT
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ROBERT W. DAVIDSON

TREA

02/06/2009

Electronic Signature of Signing Officer or Director

_____ Date