

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90032 003 ****61.25

DOCUMENT # N29348

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



Principal Place of Business
2309 WALDEN PLACE N.
PLANT CITY, FL 33567

Mailing Address
2309 WALDEN PLACE N.
PLANT CITY, FL 33567

54013298



2. Principal Place of Business

2320 N. WALDEN PL
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

01132004

Chg-NP

CR2E037 (10/03)

City & State

PLANT CITY FL

City & State

Zip

Country

4. FEI Number

59-2935961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SONSALLA, JAMES M
2309 WALDEN PLACE N
PLANT CITY, FL 33567

7. Name and Address of New Registered Agent

Name **R.R. SHORT**

Street Address (P.O. Box Number is Not Acceptable)

2320 N WALDEN PL

City **PLANT CITY**

FL

Zip Code

33566

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

2-28-04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **BRIER, JAMES**
STREET ADDRESS **1803 WALDEN PLACE**
CITY-ST-ZIP **PLANT CITY, FL 33567**

TITLE **T** ☒ Delete
NAME **SONSALLA, JAMES M**
STREET ADDRESS **2309 WALDEN PLACE, NORTH**
CITY-ST-ZIP **PLANT CITY, FL**

TITLE **D** ☒ Delete
NAME **LATHAM, JANICE**
STREET ADDRESS **2307 S. WALDEN PLACE**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **D** ☒ Delete
NAME **SULLIVAN, BEVERLY**
STREET ADDRESS **2314 S. WALDEN PLACE**
CITY-ST-ZIP **PLANT CITY, FL 32566**

TITLE **S** ☐ Delete
NAME **LEMASTER, TAMARA**
STREET ADDRESS **2304 N. WALDEN PLACE**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **D** ☒ Delete
NAME **CHERRY, BOB**
STREET ADDRESS **2315 S WALDEN PLACE**
CITY-ST-ZIP **PLANT CITY, FL 33567**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES & D.** ☐ Change ☒ Addition
NAME **CLIFFORD SCHLOSS**
STREET ADDRESS **2316 N. WALDEN PL**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **T** ☐ Change ☒ Addition
NAME **R.R. SHORT**
STREET ADDRESS **2320 N. WALDEN PL**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **D** ☐ Change ☒ Addition
NAME **SALLY BRADLEY**
STREET ADDRESS **2321 S WALDEN PL**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **V.P. & D.** ☐ Change ☒ Addition
NAME **JANICE NICHOLS**
STREET ADDRESS **2317 S. WALDEN PL**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Clifford Schloss **2-26-04 Pres**

Date

Daytime Phone #

813-7594206