

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29348

FILED
Apr 01, 2009
Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF WALDEN PLACE, INC.

Current Principal Place of Business:

2320 N. WALDEN PL
PLANT CITY, FL 33566

New Principal Place of Business:

2309 N. WALDEN PL
PLANT CITY, FL 33566

Current Mailing Address:

2320 N. WALDEN PL
PLANT CITY, FL 33566

New Mailing Address:

2309 N. WALDEN PL
PLANT CITY, FL 33566

FEI Number: 59-2935961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHORT, ROBERT R
2320 N. WALDEN PL
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

SONSALLA, JAMES M
2309 N. WALDEN PL
PLANT CITY, FL 33566 US

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: JAMES M. SONSALLA

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHERRY, ROBERT
Address: 2315 WALDEN PL S
City-St-Zip: PLANT CITY, FL 33566

Title: TD () Delete
Name: SONSALLA, JIM
Address: 2309 WALDEN PL N
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: BRUMBAUGH, ALICE
Address: 2308 S WALDEN PL
City-St-Zip: PLANT CITY, FL 33566

Title: V2D () Delete
Name: LARISKY, JUSTIN
Address: 2308 WALDEN PL N
City-St-Zip: PLANT CITY, FL 33566

Title: SD () Delete
Name: MARTIN, DIANE
Address: 2318 N. WALDEN PLACE
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BEIER, JAMES
Address: 1803 WALDEN PL N
City-St-Zip: PLANT CITY, FL 33566

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: SD (X) Change () Addition
Name: TROUT, CAROL
Address: 2311 N. WALDEN PLACE
City-St-Zip: PLANT CITY, FL 33566

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: JAMES BEIER

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date