

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

3/1

03-17-2003 90672 020 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

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
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 *J. M. Sonsalla* - **J. M. SONSALLA TREASURER** 3-15-03
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

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 NAME STREET ADDRESS CITY-ST-ZIP	P BRIER, JAMES 1803 WALDEN PLACE PLANT CITY FL 33567	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SONSALLA, JAMES M 2309 WALDEN PLACE, NORTH PLANT CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOHLMEIER, VICTOR 1801 WALDEN PLACE N. PLANT CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, LARRY 2318 N WALDEN PLACE PLANT CITY FL 33567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHLOSS, TAMI 2316 N WALDEN PLACE PLANT CITY FL 33567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERRY, BOB 2315 S WALDEN PLACE PLANT CITY FL 33567	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANICE LATHAM 2307 S. WALDEN PLACE PLANT CITY, FL. 33566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVERLY SULLIVAN 2314 S. WALDEN PLACE PLANT CITY, FL. 32566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAMARA LEMASTERS 2304 N. WALDEN PLACE PLANT CITY, FL. 33566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOB CHERRY 2315 S WALDEN PLACE PLANT CITY FL 33567	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *J. M. Sonsalla* **SONSALLA** 3-15-03 813-759-8404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)