


<b>DOCUMENT # N35090</b>				<b>Secretary of State</b> 04-20-2007 90202 016 ****61.25	
1. Entity Name <b>WALDON GROVE ESTATES HOMEOWNERS ASSOCIATION, INC.</b>		Principal Place of Business 2825 SW 132ND WAY DAVIE, FL 33330 US		Mailing Address 15951 S.W. 41 STREET, STE 150 DAVIE, FL 33331 US	
2. Principal Place of Business - No P.O. Box # <b>13460 SW 10th Street</b>		3. Mailing Address <b>13460 SW 10th Street</b>		03292007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. <b>Suite 101</b>		Suite, Apt. #, etc. <b>Suite 101</b>		4. FEI Number <b>65-0175110</b>	
City & State <b>Pembroke Pines, FL</b>		City & State <b>Pembroke Pines, FL</b>		Applied For Not Applicable	
Zip <b>33027</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CHARLES W. DAVIS C/O PRIME MANAGEMENT 13460 SW 10TH ST #101 PEMBROKE PINES, FL 33027</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 <u>Charles W. Davis</u> <u>Reg. Agt.</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRASS, GARY 2650 SW 130 TERR DAVIE, FL 33330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kelly Moran 2755 SW 132nd Way Davie, FL 33330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARLEY, DENNIS 2805 SW 132ND WAY DAVIE, FL 33330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, ORESTES 13040 SW 28 CT DAVIE, FL 33330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUILLARMOD, KEITH 13100 SW 28 CT DAVIE, FL 33330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PISTINER, MARK 2751 SW 130 TERR DAVIE, FL 33330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUITT, JOE 2825 SW 132ND WAY DAVIE, FL 33330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <b>4-10-2007 954-537-0804</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					