


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N35090					
1. Entity Name WALDON GROVE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 13460 SW 10TH STREET SUITE 101 PEMBROKE PINES, FL 33027 US			Mailing Address 13460 SW 10TH STREET SUITE 101 PEMBROKE PINES, FL 33027 US		
2. Principal Place of Business - No P.O. Box # 1495 North Park Dr.		3. Mailing Address 1495 North Park Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Weston FL		City & State Weston FL		4. FEI Number 65-0175110	
Zip 33326		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STRALEY & OTTO, PA 2699 STIRLING RD, STE. C-207 FORT LAUDERDALE, FL 33312			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME GRASS, GARY STREET ADDRESS 2650 SW 130 TERR CITY-ST-ZIP DAVIE, FL 33330	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME CHARLEY, DENNIS STREET ADDRESS 2805 SW 132ND WAY CITY-ST-ZIP DAVIE, FL 33330	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MORAN, KELLY STREET ADDRESS 2755 SW 132 WAY CITY-ST-ZIP DAVIE, FL 33330	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME GUILLARMOD, KEITH STREET ADDRESS 13100 SW 28 CT CITY-ST-ZIP DAVIE, FL 33330	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME PISTINER, MARK STREET ADDRESS 2751 SW 130 TERR CITY-ST-ZIP DAVIE, FL 33330	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME SUITT, JOE STREET ADDRESS 2825 SW 132ND WAY CITY-ST-ZIP DAVIE, FL 33330	<input checked="" 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

FILED

08 OCT 13 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09262008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0175110 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make check payable to Florida Department of State

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SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____