

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # N93000003333**

1. Entity Name  
**WALDEN CIRCLE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**6822 WALDEN CIRCLE  
TALLAHASSEE, FL 32317 US**

Mailing Address  
**6822 WALDEN CIRCLE  
TALLAHASSEE, FL 32317 US**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**



02062006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-3190178**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BROWN, PHILIP D  
6822 WALDEN CIRCLE  
TALLAHASSEE, FL 32317**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LEWIS, JACK  
6790 WALDEN CIR  
TALLAHASSEE, FL 32317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
HOLLAR, BILL  
6762 WALDEN CIRCLE  
TALLAHASSEE, FL 32317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
CARPENTER, MARIE  
6757 WALDEN CIR  
TALL, FL 32317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
BROWN, PHILIP D  
6822 WALDEN CIRCLE  
TALLAHASSEE, FL 32317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000430013  
02/22/06-80030-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Philip D. Brown*  
**PHILIP D. BROWN**

*2/5/06*  
Date

*878-6304*  
Daytime Phone #