

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90022 048 ****61.25

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3190178

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, PHILIP D
6822 WALDEN CIRCLE
TALLAHASSEE, FL 32317

Name ELLEN LEROY
Street Address (P.O. Box Number is Not Acceptable)
6818 WALDEN CIRCLE
City TALLAHASSEE FL Zip Code 32317

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 Ellen Day-Leroy Ellen Leroy 4/26/08
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, 2008

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

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President
NAME Barbara Brandt ☐ Change ☒ Addition
STREET ADDRESS 6749 Walden Cir
CITY-ST-ZIP TLH, FL 32317

TITLE VICE PRESIDENT
NAME Gary Meehan ☒ Change ☐ Addition
STREET ADDRESS 6733 Walden Circle
CITY-ST-ZIP TLH, FL 32317

TITLE ~~ELLEN LEROY - TREASURER~~ ☒ Change ☒ Addition
NAME ~~6818 WALDEN CIRCLE~~
STREET ADDRESS TLH, FL 32317

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: Ellen Leroy (Ellen Day-Leroy) 4/26/08 (850) 219-0512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #