## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # N9400004085 (6)

WALDEN POND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address						I HODRÍNDA END HONN BORN BORN DANN DRINK BRINK BONN DIGN ERRÍN HONN ENN HORB
2828 CORAL WAY PENTHOUSE MIAMI FL 33145		2828 CORAL WAY PENTH MIAMI FL 33145-3214	2828 CORAL WAY PENTHOUSE MIAMI FL 33145-3214			
						3. Date Incorporated or Qualified
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				<b>65-0448838</b> Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	h		Cou	ntry	,	8. This corporation has liability for intangible tax under s. 199.032,
24	25 29 30		30			Florida Statutes Yes No
9. Name and Address of Current Registered Agent					T	10. Name and Address of New Registered Agent
				81	Name	
ROCHA, ROBERTO S 2828 CORAL WAY PENTHOUSE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
MIAMI FL 33145				83		
				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
•	m reminer with and accept the c	bligations of, occition of theodol, t	ionda stat	U103		
SIGNATURE .	Signature, typed or printed name of registere	ed agent and title if applicable (No	OTE: Registered	I Ager	ant signature require	ad when reinstating) DATE
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE *	1.1 TU	LE		☐ Change ☐ Addition
NAME	ROCHA, ROBERTO S 128		1.2 NA	ME		
STREET ADDRESS	2828 CORAL WAY, PH		1.3 STREET ADDRESS		ADDRESS	•
CITY-ST-ZIP	MIAMI FL 33145		1.4 CI	1.4 CITY-ST-ZIP		
TITLE	D DELETE 2.1 T		2.1 Tt	LE		☐ Change ☐ Addition
NAME	HAMMON, MICHAEL 2221		2.2 NA	ME		
STREET ADDRESS	2828 CORAL WAY, PH		2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			2.4 C	2.4 CITY-ST-ZIP		
TITLE	D DELĒTE 3.1 T		LE		Change Addition	
NAME	HERNANDEZ, ANGEL		ME			
STREET ADDRESS	2020 00:42 11:11		3.3 ST	REET	ADDRESS	•
CITY-ST-ZIP					ST-ZIP	
TITLE		☐ DELETE	4.1 711			Change Addition
NAME			4.2 N	AME		
STREET ADDRESS			4.3 ST	REET .	ADDRESS	
CITY-ST-ZIP			4.4 CI		T-ZIP	
TITLE			5.1 TIT			Change Addition
NAME			5.2 NA			
STREET ADDRESS					ADDRESS	
CITY-S1-ZIP					T-ZIP	
TITLE		DELETE	6.1 717			Change Addition
NAME			6.2 NA			
STREET ADDRESS			. 6.3 ST	REET	ADDRESS	

14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachpten with an address.