2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

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Entity Name: WALDEN LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O POINTE MANAGEMENT GROUP,INC.
75 NE 6 AVENUE -SUITE# 206
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

C/O POINTE MANAGEMENT GROUP,INC.
75 NE 6 AVENUE -SUITE# 206
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0680346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POINTE MANAGEMENT GROUP,INC.
75 NE 6 AVENUE SUITE 206
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: GRANDA, ROBERT
Address: 20381 SW STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPD ( ) Delete
Name: BRITON, TERRY
Address: 20367 SW 3 ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD ( ) Delete
Name: MADDISON, LARRY
Address: 267 SW 206 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: PD ( ) Delete
Name: FISCHER, WALTER
Address: 20382 SW 3 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete
Name: COLLINSS, PETER
Address: 221 SW 203 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GRANDA, ROBERT
Address: 20585 SW 1 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: MADDISON, LARRY
Address: 267 SW 206 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D (X) Change ( ) Addition
Name: LYONS, JAMES
Address: 20350 SW 1 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D (X) Change ( ) Addition
Name: COLLINS, PETER
Address: 221 SW 203 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GRANDA PD 02/25/2009

Electronic Signature of Signing Officer or Director — Date