

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 09, 2009
Secretary of State

DOCUMENT# N95000003124

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:**UNITED COMMUNITY MANAGEMENT CORP.
11784 W. SAMPLE ROAD, SUITE 103
CORAL SPRINGS, FL 33065**Current Mailing Address:**C/O POINTE MANAGEMENT GROUP, INC.
75 NE 6 AVENUE -SUITE# 206
DELRAY BEACH, FL 33483**New Mailing Address:**UNITED COMMUNITY MANAGEMENT CORP.
11784 W. SAMPLE ROAD, SUITE 103
CORAL SPRINGS, FL 33065**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:**CAMPBELL, RENEE
11784 W. SAMPLE ROAD, SUITE 103
CORAL SPRINGS, FL 33065 US

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: RENEE CAMPBELL

11/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRANDA, ROBERT
Address: 20585 SW 1 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: ST () Delete
Name: MADDISON, LARRY
Address: 267 SW 206 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: MARY LOU PALMER

AGT

11/09/2009

Electronic Signature of Signing Officer or Director

Date