

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000003908 (9)**

1. Corporation Name

**WALDEN SHORES HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business

**2213 THOREAU DRIVE  
LAKE WALES FL 33853**

Mailing Address

**2213 THOREAU DRIVE  
LAKE WALES FL 33853**

3. Date Incorporated or Qualified  
**08/15/1995**

3a. Date of Last Report  
**INITIAL REPORT**

2. Principal Place of Business

**21 2207 WALDEN POND DR**

2a. Mailing Address

**26 P.O. Box 88**

4. FEI Number  
**59-3334780**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

**23 LAKE WALES, FL**

City & State

**28 LAKE WALES, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip **24 33853**

Country **25 USA**

Zip **29 33853**

Country **30 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**JOHNSON, HOWARD  
2213 THOREAU DRIVE  
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent

**81 Name WILLIAM HAINES  
82 Street Address (P.O. Box Number is Not Acceptable) 2207 WALDEN POND DR.  
83  
84 City LAKE WALES FL 85 Zip Code 33853**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida 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 Florida. 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.

SIGNATURE

*William Haines*

(NOTE: Registered Agent signature required when re-registering)

**3-21-96**

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD** ☒ DELETE  
**NAME JOHNSON, HOWARD**  
**STREET ADDRESS 2213 THOREAU DRIVE**  
**CITY-ST-ZIP LAKE WALES FL 33853**

**TITLE STD** ☒ DELETE  
**NAME BROOKS, JOHN F**  
**STREET ADDRESS 2213 THOREAU DRIVE**  
**CITY-ST-ZIP LAKE WALES FL 33853**

**TITLE VD** ☒ DELETE  
**NAME DIES, DUANE**  
**STREET ADDRESS 2213 THOREAU DRIVE**  
**CITY-ST-ZIP LAKE WALES FL 33853**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE PD** ☒ Change ☐ Addition  
**1.2 NAME WILLIAM HAINES**  
**1.3 STREET ADDRESS 2207 WALDEN POND DR.**  
**1.4 CITY-ST-ZIP LAKE WALES, FL. 33853**

**2.1 TITLE VD** ☒ Change ☐ Addition  
**2.2 NAME VINCENT BONGIORNO**  
**2.3 STREET ADDRESS 2305 THOREAU DR.**  
**2.4 CITY-ST-ZIP LAKE WALES, FL. 33853**

**3.1 TITLE TD** ☒ Change ☐ Addition  
**3.2 NAME XELMA BECK**  
**3.3 STREET ADDRESS 10703 LOWELL DR.**  
**3.4 CITY-ST-ZIP LAKE WALES, FL. 33853**

**4.1 TITLE SD** ☒ Change ☒ Addition  
**4.2 NAME LOIS CRAFT**  
**4.3 STREET ADDRESS 2207 THOREAU**  
**4.4 CITY-ST-ZIP LAKE WALES, FL. 33853**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee 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 attachment with an address.

SIGNATURE:

*William Haines*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-21-96**

DATE

Daytime Phone #

CR2E037 (12/95)