

ANNUAL REPORT

FILED

Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90010 029 ****70.00

DOCUMENT # N95000003908

1. Entity Name
WALDEN SHORES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
2324 THOREAU DR
LAKE WALES, FL 33898 US

Mailing Address
2324 THOREAU DR
LAKE WALES, FL 33898 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-3334780

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

SANNER, JAMES K
2209 WALDEN POND DRIVE
LAKE WALES, FL 33898

Rebecca Eddy
2324 Thoreau Drive
Lakes Wales, Fl. 33898

FL

Zip Code

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

Rebecca Q. Eddy, President

2/16/04

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, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD **Delete**
NAME SANNER, JAMES K
STREET ADDRESS 2209 WALDEN POND DRIVE
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE PD **Change** ☐ **Addition**
NAME Rebecca Eddy
STREET ADDRESS 2324 Thoreau Drive
CITY-ST-ZIP Lakes Wales 33898

TITLE VD **Delete**
NAME LAMBIASE, RICHARD J
STREET ADDRESS 2501 ALCOTT DRIVE
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE VD **Change** ☐ **Addition**
NAME Craig Cooke
STREET ADDRESS 2315 Thoreau Drive
CITY-ST-ZIP Lake Wales, Fl. 33898

TITLE TD **Delete**
NAME EDDY, REBECCA A
STREET ADDRESS 2324 THOREAU DRIVE
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE TD **Change** ☐ **Addition**
NAME Larry E. Bevington
STREET ADDRESS 10708 Lowell Drive
CITY-ST-ZIP Lake Wales, FL 33898

TITLE SD **Delete**
NAME LOY, BETTY J
STREET ADDRESS 2404 ALCOTT DRIVE
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE SP **Change** ☐ **Addition**
NAME Janice Hockenberry
STREET ADDRESS 2206 Waldon Pone Drive
CITY-ST-ZIP Lake Wales, Fl. 33898

TITLE **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Larry E. Bevington*

Larry E. Bevington

2/16/04

863-696-3161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #