

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90023 025 \*\*\*\*70.00

<b>DOCUMENT # N95000003908</b>					
<b>1. Entity Name</b> WALDEN SHORES HOME OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2324 THOREAU DR LAKE WALES, FL 33898 US			<b>Mailing Address</b> 2324 THOREAU DR LAKE WALES, FL 33898 US		
<b>50015526</b>					
<b>2. Principal Place of Business</b> 10800 E. Leisure Lane <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> 10800 E. Leisure Lane <small>Suite, Apt. #, etc.</small>			
<b>City &amp; State</b> Lake Wales, Fl.		<b>City &amp; State</b> Lake Wales, Fl.		<b>4. FEI Number</b> 59-3334780	
<b>Zip</b> 33898		<b>Country</b> Polk		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> EDDY, REBECCA 2209 WALDEN POND DRIVE 2324 THOREAU DR. LAKE WALES, FL 33898			<b>7. Name and Address of New Registered Agent</b> Name - <u>Vestus Spindler</u> Street Address (P.O. Box Number is Not Acceptable) 2504 Holmes Drive City <u>Lake Wales</u> <u>FL</u> <u>33898</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> EDDY, REBECCA <b>STREET ADDRESS</b> 2324 THOREAU DR. <b>CITY-ST-ZIP</b> LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> COOKE, CRAIG <b>STREET ADDRESS</b> 2315 THOREAU DR. <b>CITY-ST-ZIP</b> LAKE WALES, FL. 33898	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> COOKE, CRAIG <b>STREET ADDRESS</b> 2315 THOREAU DR. <b>CITY-ST-ZIP</b> LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> VESTUS SPINDLER <b>STREET ADDRESS</b> 2504 HOLMES DR. <b>CITY-ST-ZIP</b> LAKE WALES, FL. 33898	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> BEVINGTON, LARRY E <b>STREET ADDRESS</b> 10708 LOWELL DR. <b>CITY-ST-ZIP</b> LAKE WALES, FL 33898	<input type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> BEVINGTON, LARRY E <b>STREET ADDRESS</b> 10708 LOWELL DR. <b>CITY-ST-ZIP</b> LAKE WALES, FL 33898	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SP <b>NAME</b> HOCKENBERRY, JANICE <b>STREET ADDRESS</b> 2206 WALDON PONE DR. <b>CITY-ST-ZIP</b> LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SP <b>NAME</b> HOCKENBERRY, JANET <b>STREET ADDRESS</b> 2206 WALDEN POND DR. <b>CITY-ST-ZIP</b> LAKE WALES, FL. 33898	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Janet Hockenberry</u> <b>JANET HOCKENBERRY, SEC. FEB 08, 2005</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR					
(863) 696-2637					