

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90242 037 \*\*\*\*61.25

**DOCUMENT # N95000003908**

1. Entity Name

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



Principal Place of Business

10800 E LEISURE LANE  
LAKE WALES FL 33898  
US

Mailing Address

10800 E LEISURE LANE  
LAKE WALES FL 33898  
US



2. Principal Place of Business

**2415 ALCOTT DRIVE**

3. Mailing Address

**2415 ALCOTT DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

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

**SPINDLER, VESTUS  
2504 HOLMES DRIVE  
LAKE WALES FL 33898**

7. Name and Address of New Registered Agent

Name **ST. GERMAIN, ROGER**  
Street Address (P.O. Box Number is Not Acceptable)  
**2320 THOREAU DRIVE**

City **LAKE WALES**

**FL**

Zip Code **33898**

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 **ROGER L ST. GERMAIN / TREASURER**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**03 MAR 06**

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE ☐ Delete  
NAME **SPINDLER, VESTUS**  
STREET ADDRESS **2504 HOLMES DRIVE**  
CITY-ST-ZIP **LAKE WALES FL 33898**

TITLE ☐ Delete  
NAME **PD COOKE, CRAIG**  
STREET ADDRESS **2315 THOREAU DR.**  
CITY-ST-ZIP **LAKE WALES FL 33898**

TITLE ☐ Delete  
NAME **TD BEVINGTON, LARRY E**  
STREET ADDRESS **10708 LOWELL DR.**  
CITY-ST-ZIP **LAKE WALES FL 33898**

TITLE ☐ Delete  
NAME **SP HOCKENBERRY, JANET**  
STREET ADDRESS **2206 WALDON PONE DR.**  
CITY-ST-ZIP **LAKE WALES FL 33898**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **PD CERAT, ROBERT**  
STREET ADDRESS **2402 HOLMES DRIVE**  
CITY-ST-ZIP **LAKE WALES, FL 33898**

TITLE ☒ Change ☐ Addition  
NAME **VP TOOMBS, TOM**  
STREET ADDRESS **2308 HOLMES DRIVE**  
CITY-ST-ZIP **LAKE WALES, FL 33898**

TITLE ☒ Change ☐ Addition  
NAME **TD ST. GERMAIN, ROGER**  
STREET ADDRESS **2320 THOREAU DRIVE**  
CITY-ST-ZIP **LAKE WALES, FL 33898**

TITLE ☐ Change ☐ Addition  
NAME **SP CERAT, LINDA**  
STREET ADDRESS **2402 HOLMES DRIVE**  
CITY-ST-ZIP **LAKE WALES, FL 33898**

TITLE ☐ Change ☐ Addition  
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 exemptions contained in Section 119, 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 **ROGER L ST. GERMAIN** **03 MAR 06** **863/696-4486**