
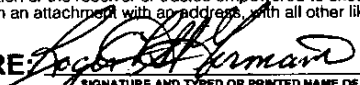


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90019 024 ****61.25

DOCUMENT # N95000003908		
1. Entity Name WALDEN SHORES HOME OWNERS ASSOCIATION, INC.		
Principal Place of Business 2415 ALCOTT DR LAKE WALES, FL 33898 US	Mailing Address 2415 ALCOTT DR LAKE WALES, FL 33898 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ST. GERMAIN, ROGER 2320 THOREAU DR LAKE WALES, FL 33898		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FEHSE, DAVID 10705 LOWELL DRIVE LAKE WALES, FL 33898	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SANNER, JAMES 2209 WALDEN POND DRIVE LAKE WALES, FL 33898	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ST. GERMAIN, ROGER 2320 THOREAU DR LAKE WALES, FL 33898	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SP RICHARDS, JULIA 10702 LOWELL DRIVE LAKE WALES, FL 33898	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 Chapter 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		14 JAN 08 863-696-4486
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>