

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003908

FILED
Jan 22, 2009
Secretary of State

Entity Name: WALDEN SHORES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2415 ALCOTT DR
LAKE WALES, FL 33898 US

New Principal Place of Business:

Current Mailing Address:

2415 ALCOTT DR
LAKE WALES, FL 33898 US

New Mailing Address:

FEI Number: 59-3334780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. GERMAIN, ROGER
2320 THOREAU DR
LAKE WALES, FL 33898 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FEHSER, DAVID
Address: 10705 LOWELL DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: VD () Delete
Name: SANNER, JAMES
Address: 2209 WALDEN POND DRIVE
City-St-Zip: LAKE WALES, FL 33898 US

Title: TD () Delete
Name: ST. GERMAIN, ROGER
Address: 2320 THOREAU DR
City-St-Zip: LAKE WALES, FL 33898 US

Title: SP () Delete
Name: RICHARDS, JULIA
Address: 10702 LOWELL DRIVE
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LANDOU, GAY
Address: 10709 LOWELL DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: VD (X) Change () Addition
Name: JOHNSON, ROGER
Address: 2605 ALCOTT DRIVE
City-St-Zip: LAKE WALES, FL 33898 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER ST.GERMAIN

TRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date