

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

DOCUMENT # N95000003908

1. Entity Name

WALDEN SHORES HOME OWNERS ASSOCIATION, INC.



03-20-2003 90380 001 ****61.25

03-20-2003 90380 002 *****8.75

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

2324 Thoreau Dr.

Suite, Apt. #, etc.

3. Mailing Address

2324 Thoreau Dr.

Suite, Apt. #, etc.

City & State

Lake Wales FL

City & State

Lake Wales FL

Zip

33898

Country

USA

Zip

33898

Country

USA

4. FEI Number 59-3334780

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/03

CR2E037 (10/02)