


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90105 004 \*\*\*\*61.25

<b>DOCUMENT # N97000006312</b>					
<b>1. Entity Name</b> WALDEN LAKE PROFESSIONAL CENTER ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573 US			<b>Mailing Address</b> 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3481079	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HASTINGS, VIVIEN N 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<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>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</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> BEYER, R C JR.	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 2020 CLUBHOUSE DR	CITY-ST-ZIP SUN CITY CENTER, FL 33573				
<b>TITLE</b> D	<b>NAME</b> KEITH, SYLVIA	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 2020 CLUBHOUSE DR	CITY-ST-ZIP SUN CITY CENTER, FL 33573				
<b>TITLE</b> -DV-	<b>NAME</b> NELSON, GARY	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 2020 CLUBHOUSE DR	CITY-ST-ZIP SUN CITY CENTER, FL 33573				
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 	CITY-ST-ZIP 				
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 	CITY-ST-ZIP 				
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 	CITY-ST-ZIP 				
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 	CITY-ST-ZIP 				
<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> <i>Sylvia Keith</i>		SYLVIA KEITH		4/19/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 813-642-1454	