2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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1. Entity Name

WALDEN LAKE PROFESSIONAL CENTER ASSOCIATION, INC.



40038200 Principal Place of Business Mailing Address 2020 CLUBHOUSE DR 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-NP CR2E037 (11/05) City & State City & State Applied For 4. FEI Numbe 59-3481079 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HASTINGS, VIVIEN N 24301 WALDEN CENTER DR Street Address (P.O. Box Number is Not Acceptable) BONITA SPRINGS, FL 34134 City 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 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD ☑ Delete TIT) F TITLE NAME BEYER, R C JR. AMAN, ROGER NAME 2020 CLUBHOUSE DR STREET ADDRESS 2020 CLUBHOUSE DR STREET ADDRESS SUNCITY CENTER FL 33573 CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP TITLE ☐ Delete TITLE KEITH, SYLVIA NAME 2020 CLUBHOUSE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP nv TITLE Delete THLE ☐ Change ☐ Addition NELSON, GARY NAME NAME STREET ADDRESS 2020 CLUBHOUSE DR STREET ADDRESS SUN CITY CENTER, FL 33573 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-7/P CITY-ST-ZIP TITLE Delete Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 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 skingature 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 togethecute 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 officer in the supplementary of the su

SIGNATURE:

GARY NELSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF SICER OR DIRECT

3-13-06 81

Daytime Phone •