

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-17-2008 90026 044 ****61.25

DOCUMENT # N98000004052



1. Entity Name
**SPRING MEADOW AT WALDEN LAKE HOMEOWNERS
ASSOCIATION, INC.**

Principal Place of Business
**1735 BROOKSTONE WAY
PLANT CITY, FL 33566**

Mailing Address
**PO BOX 4596
PLANT CITY, FL 33564-4596**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3537508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HALLEY, JUDY
1735 BROOKSTONE WAY
PLANT CITY, FL 33566**

7. Name and Address of New Registered Agent

Name **LOWELL LUTZ**
Street Address (P.O. Box Number is Not Acceptable)
1729 BROOKSTONE WAY
City **Plant City** FL Zip Code **33566**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
HALLEY, JUDY
1735 BROOKSTONE WAY
PLANT CITY, FL 33566** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VDT
LUTZ, LOWELL
1729 BROOKSTONE WAY
PLANT CITY, FL 33566** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
BRAUN, GERHARD
2804 SPRING MEADOW DRIVE
PLANT CITY, FL 33566** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ALTAMORE, HOLLY
1747 BROOKSTONE WAY
PLANT CITY, FL 33566** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ALLEN, ROBERT
1758 BROOKSTONE WAY
PLANT CITY, FL 33566** ☒ 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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-08 813-719-9824