

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004052

FILED
Mar 16, 2009
Secretary of State

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

Current Principal Place of Business:

1735 BROOKSTONE WAY
PLANT CITY, FL 33566

New Principal Place of Business:

1729 BROOKSTONE WAY
PLANT CITY, FL 33566

Current Mailing Address:

PO BOX 4596
PLANT CITY, FL 335644596

New Mailing Address:

FEI Number: 59-3537508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUTZ, LOWELL
1729 BROOKSTONE WAY
PLANT CITY, FL 33566 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: HALLEY, JUDY
Address: 1735 BROOKSTONE WAY
City-St-Zip: PLANT CITY, FL 33566

Title: VDT () Delete
Name: LUTZ, LOWELL
Address: 1729 BROOKSTONE WAY
City-St-Zip: PLANT CITY, FL 33566

Title: S () Delete
Name: BRAUN, GERHARD
Address: 2804 SPRING MEADOW DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUTZ, LOWELL
Address: 1735 BROOKSTONE WAY
City-St-Zip: PLANT CITY, FL 33566

Title: VDT (X) Change () Addition
Name: FLOCK, DEBRA
Address: 2807 SPRING MEADOW DR.
City-St-Zip: PLANT CITY, FL 33566

Title: S (X) Change () Addition
Name: BERGER, ROY
Address: 1703 BROOKSTONE WAY
City-St-Zip: PLANT CITY, FL 33566

Title: TRES () Change (X) Addition
Name: JAMES, ROBERTS
Address: 1740 BROOKSTONE WAY
City-St-Zip: PLANT CITY, FL 33566

Title: BM () Change (X) Addition
Name: SANDRA, LORENZ
Address: 1744 BROOKSTONE WAY
City-St-Zip: PLANT CITY, FL 33566

Title: BM () Change (X) Addition
Name: SHARON, PHILBIA
Address: 1724 BROOKSTONE WAY
City-St-Zip: PLANT CITY, FL 33566

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: LOWELL LUTZ

PD

03/16/2009

Electronic Signature of Signing Officer or Director

Date