

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P92000012186**

1. Entity Name  
**TACOLCY WALDEN POND, INC.**



Principal Place of Business  
**675 NW 56TH ST  
BLDG C  
MIAMI, FL 33127**

Mailing Address  
**675 NW 56TH ST  
BLDG C  
MIAMI, FL 33127**



01192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0383285</b>	Applied For <input type="checkbox"/> <b>Not Applicable</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GARDNER, CAROL  
675 NW 56TH STREET  
BUILDING C  
MIAMI, FL 33127**

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000603814  
01/29/07-80020-017 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GARDNER, CAROL
STREET ADDRESS	675 NW 56TH STREET, BLDG. C
CITY-ST-ZIP	MIAMI, FL 33127

TITLE	C
NAME	FLORENCE, MOSES
STREET ADDRESS	675 NW 56TH STREET
CITY-ST-ZIP	MIAMI, FL 33127

TITLE	D
NAME	KELLY, ANGELA R
STREET ADDRESS	675 NW 56TH STREET, BLDG. C
CITY-ST-ZIP	MIAMI, FL 33127

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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:**

*Carol Gardner* **CAROL GARDNER** 1/22/07 305-757-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #