

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106010

FILED  
Mar 13, 2012  
Secretary of State

**Entity Name:** EQUITY ONE (WALDEN WOODS) INC.

**Current Principal Place of Business:**

1600 NE MIAMI GARDENS DR  
NORTH MIAMI BEACH, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

1600 NE MIAMI GARDENS DR  
NORTH MIAMI BEACH, FL 33179 US

**New Mailing Address:**

**FEI Number:** 65-0887751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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:** CEO  
**Name:** OLSON, JEFFREY S  
**Address:** 1600 NE MIAMI GARDENS DRIVE  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33179 US

**Title:** VPD  
**Name:** GALLAGHER, ARTHUR L  
**Address:** 1600 NE MIAMI GARDENS DRIVE  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33179 US

**Title:** VPT  
**Name:** LANGER, MARK  
**Address:** 1600 NE MIAMI GARDENS DRIVE  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33179 US

**Title:** VP  
**Name:** CHOQUETTE, KEN  
**Address:** 1600 NE MIAMI GARDENS DRIVE  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33179 US

**Title:** P  
**Name:** CAPUTO, THOMAS  
**Address:** 1600 NE MIAMI GARDENS DRIVE  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33179 US

**Title:** VPS  
**Name:** KITLOWSKI, AARON  
**Address:** 1600 NE MIAMI GARDENS DRIVE  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33179 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** AARHUR L. GALLAGHER

VP

03/13/2012

Electronic Signature of Signing Officer or Director

Date