

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N13176

Entity Name: WALDEN LAKE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3035 GRIFFIN BOULEVARD
PLANT CITY, FL 33566

Current Mailing Address:

3035 GRIFFIN BOULEVARD
PLANT CITY, FL 33566 US

FEI Number: 59-2633615

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MELTON, H. WEB
1801 N HIGHLAND AVENUE
TAMPA, FL 33602 US

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: H. WEB MELTON

05/09/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name NORTON , ROBERT
Address 3035 GRIFFIN BOULEVARD
City-State-Zip: PLANT CITY FL 33566

Title DIRECTOR
Name MURPHY, PETER
Address 3035 GRIFFIN BOULEVARD
City-State-Zip: PLANT CITY FL 33566

Title DIRECTOR
Name BRITT, LARRY
Address 3035 GRIFFIN BOULEVARD
City-State-Zip: PLANT CITY FL 33566

Title VP
Name PHILBIN, SHARON
Address 3035 GRIFFIN BOULEVARD
City-State-Zip: PLANT CITY FL 33566

Title DIRECTOR
Name GLORIOSO, RICHARD
Address 3035 GRIFFIN BOULEVARD
City-State-Zip: PLANT CITY FL 33566

Title DIRECTOR
Name WERONIK, PETER
Address 3035 GRIFFIN BOULEVARD
City-State-Zip: PLANT CITY FL 33566

Title PRESIDENT
Name FIASCHETTI, MICHAEL
Address 3035 GRIFFIN BOULEVARD
City-State-Zip: PLANT CITY FL 33566

Title TREASURER
Name BELL, ROBERT
Address 3035 GRIFFIN BOULEVARD
City-State-Zip: PLANT CITY FL 33566

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

SIGNATURE: MICHAEL FIASCHETTI

PRESIDENT

05/09/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	POWELL, ALICIA
Address	3035 GRIFFIN BOULEVARD
City-State-Zip:	PLANT CITY FL 33566