

**2019 FLORIDA NOT FOR PROFIT CORPORATION 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

04/30/2019

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 D, TREASURER  
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 P  
Name FIASCHETTI, MICHAEL  
Address 3035 GRIFFIN BOULEVARD  
City-State-Zip: PLANT CITY FL 33566

Title T  
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

P

04/30/2019

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    |