

2018 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

03/01/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title D, PRESIDENT
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 BROWN, KEVIN
Address 3035 GRIFFIN BOULEVARD
City-State-Zip: PLANT CITY FL 33566

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

Title DIRECTOR
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: SHARON PHILBIN

P

03/01/2018

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