

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007385

**Entity Name:** WALDEN COVE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**135 W CENTRAL BLVD  
SUITE 720  
ORLANDO, FL 32801**Current Mailing Address:**P O BOX 803555  
DALLAS, TX 75380 US**FEI Number:** 47-1782754**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** LAURA JONES

04/13/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR

Name DOSHI, D

Address 135 W CENTRAL BLVD  
SUITE 720

City-State-Zip: ORLANDO FL 32801

Title TREASURER

Name BAKHSH, SAL-UDDIN

Address 135 W CENTRAL BLVD  
SUITE 720

City-State-Zip: ORLANDO FL 32801

Title PRESIDENT, DIRECTOR

Name NAPOLITANO, BRUCE

Address 135 W CENTRAL BLVD  
SUITE 720

City-State-Zip: ORLANDO FL 32801

Title SECRETARY

Name MARSHALL, WILLIAM

Address 135 W CENTRAL BLVD  
SUITE 720

City-State-Zip: ORLANDO FL 32801

Title DIRECTOR

Name MACK, MERRILYNN

Address 135 W CENTRAL BLVD  
SUITE 720

City-State-Zip: ORLANDO FL 32801

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:** BRUCE NAPOLITANO

PRESIDENT

04/13/2020

Electronic Signature of Signing Officer/Director Detail

Date