

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

DOCUMENT# N14000007385

Entity Name: WALDEN COVE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O BEACON COMMUNITY MANAGEMENT
9100 CONROY WINDERMERE RD SUITE # 200
WINDEREMERE, FL 34786

Current Mailing Address:

C/O BEACON COMMUNITY MANAGEMENT
9100 CONROY WINDERMERE RD SUITE # 200
WINDEREMERE, FL 34786 US

FEI Number: 47-1782754

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEACON COMMUNITY MANAGEMENT
C/O BEACON COMMUNITY MANAGEMENT
9100 CONROY WINDERMERE RD SUITE # 200
WINDEREMERE, FL 34786 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: SCOTT ST CLAIR

06/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, DIRECTOR
Name DOSHI, D
Address C/O BEACON COMMUNITY
MANAGEMENT
9100 CONROY WINDERMERE RD
SUITE # 200
City-State-Zip: WINDEREMERE FL 34786

Title PRESIDENT, DIRECTOR
Name NAPOLITANO, BRUCE
Address C/O BEACON COMMUNITY
MANAGEMENT
9100 CONROY WINDERMERE RD
SUITE # 200
City-State-Zip: WINDEREMERE FL 34786

Title DIRECTOR
Name MACK, MERRILYNN
Address C/O BEACON COMMUNITY
MANAGEMENT
9100 CONROY WINDERMERE RD
SUITE # 200
City-State-Zip: WINDEREMERE FL 34786

Title TREASURER
Name BAKHSH, SAL-UDDIN
Address C/O BEACON COMMUNITY
MANAGEMENT
9100 CONROY WINDERMERE RD
SUITE # 200
City-State-Zip: WINDEREMERE FL 34786

Title SECRETARY
Name MARSHALL, WILLIAM
Address C/O BEACON COMMUNITY
MANAGEMENT
9100 CONROY WINDERMERE RD
SUITE # 200
City-State-Zip: WINDEREMERE FL 34786

Title MANAGER
Name ST. CLAIR, SCOTT
Address C/O BEACON COMMUNITY
MANAGEMENT
9100 CONROY WINDERMERE RD
SUITE # 200
City-State-Zip: WINDEREMERE FL 34786

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: SCOTT ST. CLAIR

MANAGER

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date