

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21396

**FILED**  
**Apr 11, 2016**  
**Secretary of State**  
**CC5145137260**

**Entity Name:** WALDEN OAKS OF NAPLES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ABILITY MANAGEMENT  
6736 LONE OAK BLVD  
NAPLES, FL 34109

**Current Mailing Address:**

C/O ABILITY MANAGEMENT  
6736 LONE OAK BLVD  
NAPLES, FL 34109 US

**FEI Number: 65-0030879**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ABILITY AMANAGEMENT INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109 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: DENNIS F LIVELY**

**04/11/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name UTZ, STEPHEN  
Address 6642 TANNIN LN #C  
City-State-Zip: NAPLES FL 34109

Title VP  
Name PAA, KENNETH  
Address 7022 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title T  
Name DAY, LARRY  
Address 6814 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title S  
Name STUPKA, RUSTY  
Address 6670 ILEX CIR #F  
City-State-Zip: NAPLES FL 34109

Title D  
Name ROLLINS, WILLIAM  
Address 6879 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title D  
Name GALLMAN, BILL  
Address 6608 ILEX CIR  
City-State-Zip: NAPLES FL 34109

*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: STEPHEN UTZ**

**PRESIDENT**

**04/11/2016**

Electronic Signature of Signing Officer/Director Detail

Date