

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21396

**FILED
Apr 16, 2018
Secretary of State
CC8750220547**

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

04/16/2018

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 D
Name HEIY, LINDA
Address C/O ABILITY MANAGEMENT
6736 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

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date