

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21396

FILED
Apr 18, 2019
Secretary of State
1276077712CC

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

04/18/2019

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

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

Title DIRECTOR
Name CALAMARI, JAMES
Address C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name AMBROSH, JERRY
Address C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name MULTARI, ANNA
Address C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
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

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date