## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21396

Entity Name: WALDEN OAKS OF NAPLES HOMEOWNERS ASSOCIATION,

INC.

**Current Principal Place of Business:** 

6750 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 04/16/2015

Electronic Signature of Registered Agent

Date

**FILED** Apr 16, 2015

**Secretary of State** 

CC5156888096

Officer/Director Detail:

Title Title VΡ

Name **UTZ. STEPHEN** Name PAA, KENNETH

Address 6642 TANNIN LN #C Address 7022 LONE OAK BLVD

City-State-Zip: NAPLES FL 34109 City-State-Zip: NAPLES FL 34109

Title S Title Т

Name WALDMAN, ROBERT Name DAY, LARRY Address 6814 LONE OAK BLVD Address 6670 ILEX CIR #H City-State-Zip: NAPLES FL 34109 City-State-Zip: NAPLES FL 34109

Title D Title D

Name GALLMAN, BILL Name ROLLINS, WILLIAM Address 6608 ILEX CIR Address 6879 LONE OAK BLVD City-State-Zip: NAPLES FL 34109 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.

04/16/2015 **PRESIDENT** SIGNATURE: STEPHEN UTZ