2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90255 047 ****61.25

DOCUMENT # 733947

1. Entity Name
WILLOW LAKE ASSOCIATION OF KENNETH CITY, INC.

44025704

Principal Place of Business	Mailing Address
~~3001 EXECUTIVE~~ DR ~~SUITE 260~~ ~~CLEARWATER, FL 34622~~ ~~US~~	~~3001 EXECUTIVE~~ DR ~~SUITE 260~~ ~~CLEARWATER, FL 34~~622 ~~US~~

04052004 Chg-NP CR2E037 (10/03)

Correction

2. Principal Place of Business	3. Mailing Address
1799-B North Belcher Rd	P.O. Box 14357
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc.
City & State Clearwater Florida	City & State Clearwater, Florida
Zip / Country 33765 / USA	Zip / Country 33765 / USA

4. FEI Number
~~59-1539620~~ 59-2467947 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~GONDOMINIUM ASSCOI~~ATES ~~3001 EXECUTIV~~E DR ~~SUITE 260~~ ~~CLEARWATER, FL 3376~~2	Name AMERI-TECH REALTY INC Street Address (P.O. Box Number is Not Acceptable) 1799-B North Belcher RD City: Clearwater **FL** Zip Code: 33765

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michael G. Perez President 4-7-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DILORENZO, THOMAS 6400 46TH AE N #116 KENNETH CITY, FL	☑ Delete	P Sheila Keane 6400 - 46th Ave N #217 ~~Kenneth City, FL 33709~~	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILL, CAROLE 6400 46TH AVE N #205 KENNETH CITY, FL 33709	☑ Delete	D Lisa Sauder 184 Brighton Court Safety Harbor, FL 34695	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DILORENZO, MARGARET 6400 46TH AVENUE N #116 KENNETH CITY, FL	☑ Delete	DS Delores Urso 6400 - 46th Ave N #207 Kenneth City, FL 33709	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRIDLUND, RUTH 6400 46TH AVENUE N. #208 KENNETH CITY, FL 33709	☑ Delete	DT Claude Cochran 6400 - 46th Ave N #302 ~~Kenneth City, FL 33709~~	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VOGEL, ETHEL 6400 46TH AVE., N. #206 KENNETH CITY, FL 33709	☑ Delete	D Joan Oustrayan 6400 - 46th Ave N #218 ~~Kenneth City, FL 33709~~	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claude Cochran 4-7-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #