


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90013 003 ****70.00

DOCUMENT # 749614 1. Entity Name WILLOWWOOD GARDENS CONDOMINIUM ASSOCIATION, INC			
Principal Place of Business 6801 WILLOW WOOD DR BOCA RATON FL 33434-3531		Mailing Address 6801 WILLOW WOOD DR BOCA RATON FL 33434-3531	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-1992700		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent WILLIAM K. ISAACSON , C/O LANG MANAGEMENT COMPANY, INC. 21045 COMMERCIAL TRAIL BOCA RATON FL 33486-1006		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6696 WILLOW WOOD DR 1705		NAME VP/D
CITY ST ZIP	BOCA RATON FL 33434		STREET ADDRESS
TITLE	T	<input type="checkbox"/> Delete	CITY ST ZIP
NAME	LEVINE, BERNARD		TITLE
STREET ADDRESS	6786 WILLOW WOOD DRIVE #1003		NAME
CITY ST ZIP	BOCA RATON FL 33434		STREET ADDRESS
TITLE	D	<input type="checkbox"/> Delete	CITY ST ZIP
NAME	STEINMETZ, ROBERT		TITLE
STREET ADDRESS	6890 WILLOW WOOD DR 206		NAME
CITY ST ZIP	BOCA RATON FL 33434		STREET ADDRESS
TITLE	VP	<input checked="" type="checkbox"/> Delete	CITY ST ZIP
NAME	COOPER, SELWYN		TITLE
STREET ADDRESS	6696 WILLOWWOOD DR #1701		NAME
CITY ST ZIP	BOCA RATON FL		STREET ADDRESS
TITLE	PD	<input type="checkbox"/> Delete	CITY ST ZIP
NAME	FRIEDMAN, MORTON		TITLE
STREET ADDRESS	6826 WILLOWWOOD DR. #707		NAME
CITY ST ZIP	BOCA RATON, FL 00000		STREET ADDRESS
TITLE	S	<input type="checkbox"/> Delete	CITY ST ZIP
NAME	STEIN, EDWARD		TITLE
STREET ADDRESS	6748 WILLOW WOOD DR 1308		NAME
CITY ST ZIP	BOCA RATON FL 33434		STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Morton Friedman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-15-07 Daytime Phone # _____