

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**


FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90062 004 ****70.00

DOCUMENT # 752443

1. Entity Name

WILLOW WOOD MID-RISE CONDOMINIUM II ASSOCIATION, INC.



Principal Place of Business	Mailing Address
6801 WILLOWWOOD DR 100 BOCA RATON FL 33434-3531	6801 WILLOWWOOD DR 100 BOCA RATON FL 33434-3531



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State	City & State	4. FEI Number	Applied For
		59-2001061	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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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

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)

Signature, typed or printed name of registered agent and title if applicable

DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	LAMONTAGNE, HARVEY	
STREET ADDRESS	6815 WILLOW WOOD DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WHITEMAN, LEONORE	
STREET ADDRESS	6815 WILLOWWOOD DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SERES, PHILLIP	
STREET ADDRESS	6845 WILLOW WOOD DR, # 3011	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NAGEL, MADELINE	
STREET ADDRESS	6845 WILLOW WOOD DR UNIT 3055	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Scheinfeld	
STREET ADDRESS	6815 Willow Wood Dr. #4066	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louis Correa	
STREET ADDRESS	6845 Willow Wood Dr. #3012	
CITY-ST-ZIP	Boca Raton, FL 33434	

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: *Leonore Whiteman, PRES* 1/27/06 561-483-7356