2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760303

FILED Apr 17, 2007 Secretary of State

Entity Name: WILLOW WOODS TOWNHOUSE ASSOCIATION, INC.								
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
	ANTER BLV RDALE, FL 3							
Current Mailing Address:				New Mailir	New Mailing Address:			
C/O ABSOLUTE PROPERTY MANAGEMENT 101 N. ST. RD. 7, #119 MARGATE, FL 33063 US				541 S. ST.	C/O ABSOLUTE PROPERTY MANAGEMENT 541 S. ST. RD. 7, #12 MARGATE, FL 33068 US			
FEI Number:	59-2262537	FEI Number Applie	d For () F	El Number Not Appli	cable ()	Certificate of Status I	Desired ()	
Name and	Address of	Current Registered	d Agent:	Name and	Address of N	lew Registered Age	ent:	
101 N. ST. #119		Y MANAGEMENT US		541 S. ST. 12	ABSOLUTE PROPERTY MANAGEMENT 541 S. ST. RD. 7 12 MARGATE, FL 33068 US			
The above in the State		submits this statem	ent for the purp	ose of changing it	s registered o	ffice or registered aç	gent, or both,	
SIGNATUR	E: ABSOLU	JTE PROPERTY MA	ANAGEMENT			04/17/2007		
	Electro	onic Signature of Re	gistered Agent			Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	BURGESS, TI 7815 TAM O'S) Delete ERRI SHANTER BLVD ILE, FL 33068		Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	WHITE, PAUL 7915 TAM O) Delete .INE SHANTER BLVD. ALE, FL 33068 US		Title: Name: Address: City-St-Zip:	WHITE, PAULII 7915 TAM O SI			
Title: Name: Address: City-St-Zip:	MYERS, JOA 7933 TAM O) Delete NNESE SHANTER BLVD. IERDALE, FL 33068		Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	FRIEDMAN, L 7955 TAM-O-) Delete ARRY SHANTER BLVD IERDALE, FL 33068		Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	TRIOLO, TAMN 7861 TAM O SI			

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ABSOLUTE PROPERTY MANAGEMENT PM04/17/2007