

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760303

FILED  
Mar 27, 2009  
Secretary of State

**Entity Name:** WILLOW WOODS TOWNHOUSE ASSOCIATION, INC.

**Current Principal Place of Business:**

TAM O' SHANTER BLVD.  
N. LAUDERDALE, FL 33068 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ABSOLUTE PROPERTY MANAGEMENT  
541 S. ST. RD. 7, #12  
MARGATE, FL 33068 US

**New Mailing Address:**

**FEI Number:** 59-2262537      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABSOLUTE PROPERTY MANAGEMENT  
541 S. ST. RD. 7  
12  
MARGATE, FL 33068 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: BURGESS, TERRI  
Address: 7815 TAM O'SHANTER BLVD  
City-St-Zip: N LAUDERDALE, FL 33068

Title: VP ( ) Delete  
Name: WHITE, PAULINE  
Address: 7915 TAM O SHANTER BLVD.  
City-St-Zip: N. LAUDERDALE, FL 33068 US

Title: T ( ) Delete  
Name: MYERS, JOANNESE  
Address: 7933 TAM O SHANTER BLVD.  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: PD ( ) Delete  
Name: FRIEDMAN, LARRY  
Address: 7955 TAM-O-SHANTER BLVD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CJ CANFIELD, AGENT

AGENT

03/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date