

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
05 APR 18 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000001521 1. Entity Name WILLOW WALK PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 11635 NORTHWEST 1ST AVENUE GAINESVILLE, FL 32607			Mailing Address 11635 NORTHWEST 1ST AVENUE GAINESVILLE, FL 32607		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04052005 Chg-NP CR2E037 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3631143				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CURTIS, JOHN M SR. 11635 NORTHWEST 1ST AVENUE GAINESVILLE, FL 32607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ 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, 2005		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	PD CURTIS, JOHN M SR. 11635 NORTHWEST 1ST AVENUE GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Anne Stokes 315 NW 138 Terrace, #100 Jonesville, FL 32669	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CURTIS, GAIL W 11635 NORTHWEST 1ST AVENUE GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CURTIS, JOHN M JR. 11635 NORTHWEST 1ST AVENUE GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			John M. Curtis President		
			04/11/05 352-332-0838 Date Daytime Phone #		