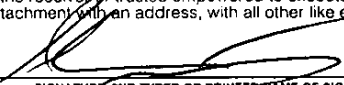


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000001521 1. Entity Name WILLOW WALK PROPERTY OWNERS' ASSOCIATION, INC.				FILED APR 16 AM 8:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 11635 NORTHWEST 1ST AVENUE GAINESVILLE, FL 32607		Mailing Address 11635 NORTHWEST 1ST AVENUE GAINESVILLE, FL 32607			
DO NOT WRITE IN THIS SPACE				BK 03292007 No Chg-NP CR2E037 (4/06)	
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			DO NOT WRITE IN THIS SPACE		
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 _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			BK 800101759258 05/08/07--01006--023 **70.00 DO NOT WRITE IN THIS SPACE		
TITLE	PD				
NAME	CURTIS, JOHN M SR.				
STREET ADDRESS	11635 NORTHWEST 1ST AVENUE				
CITY-ST-ZIP	GAINESVILLE, FL 32607				
TITLE	TD				
NAME	CURTIS, GAIL W				
STREET ADDRESS	11635 NORTHWEST 1ST AVENUE				
CITY-ST-ZIP	GAINESVILLE, FL 32607				
TITLE	D				
NAME	STOKES, ANNE				
STREET ADDRESS	315 N.W. 138 TERRACE, #100				
CITY-ST-ZIP	JONESVILLE, FL 32669				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		John M. Curtis President		3/30/2007 352-332-0838	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	