

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 11 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N00000004055	
1. Entity Name WILLOUGHBY FARMS MASTER ASSOCIATION, INC.	

Principal Place of Business AKAM SOUTH INC. 6421 CONGRESS AVE., STE. 110 BOCA RATON, FL 33487	Mailing Address AKAM SOUTH INC. 6421 CONGRESS AVE., STE. 110 BOCA RATON, FL 33487
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2. Principal Place of Business <i>Associated Property Management</i> Suite, Apt. #, etc. <i>1928 LAKE WORTH RD</i> City & State <i>LAKE WORTH, FL</i> Zip <i>33461</i> Country <i>USA</i>		3. Mailing Address <i>Associated Property Management</i> Suite, Apt. #, etc. <i>1928 LAKE WORTH RD</i> City & State <i>LAKE WORTH, FL</i> Zip <i>33461</i> Country <i>USA</i>	
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09262005 REIN-NP CR2E099 (6/04)

4. FEI Number 65-1045906	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AKAM SOUTH INC. 6421 CONGRESS AVE., STE. 110 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name <i>ASSOCIATED PROPERTY MANAGEMENT</i> Street Address (P.O. Box Number is Not Acceptable) <i>1928 LAKE WORTH Rd.</i> City <i>LAKE WORTH</i> FL <i>33461</i>	
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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]* Agent *[Signature]* DATE *10/7/05*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, MARILYN 4927 PINE MORE LANE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNS, ADAM 6284 WILLOUGHBY CIRCLE LAKE WORTH, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIERAK, DOUGLAS 6237 WILLOUGHBY CIRCLE LAKE WORTH, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600060458966 10/11/05--01005--001 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HASKELL, TIMOTHY 6288 HILLOUGHBY CIR LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBINSON, DAVE 6244 WILLOUGHBY CIRCLE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISAACSON, ANDREW 6292 WILLOUGHBY CIR. LAKE WORTH, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Posillico 4667 Pinemore Lane Lake Worth FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* MARILYN RODRIGUEZ, PRESIDENT
9/30/05 561-649-0772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR