


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90075 043 ****61.25

DOCUMENT # N00000005044					
1. Entity Name WILLOW STREET PROPERTIES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 402 A. WILLOW AVE TAMPA, FL 33606		Mailing Address P.O. BOX 173071 TAMPA, FL 33672			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3749494	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STAHLMAN, JOANNA 400 A SOUTH WILLOW AVE TAMPA, FL 33606			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAHLMAN, JOANNA		NAME	JOANNA STAHLMAN	
STREET ADDRESS	400 A SOUTH WILLOW AVE		STREET ADDRESS	400 A SOUTH WILLOW AVE	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, SARAH		NAME	PAUL PRICE	
STREET ADDRESS	402 SOUTH WILLOW AVE		STREET ADDRESS	402 S WILLOW AVE	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANZERI, CAROL		NAME	JIM LEWIS	
STREET ADDRESS	404 C WILLOW AVE		STREET ADDRESS	404 A South Willow Ave	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>James H. Lewis III</u>			JAMES H. LEWIS III 28 April 813 486 0512		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		