

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 21, 2005
Secretary of State**

DOCUMENT# N01000001572

Entity Name: WILLOWS ON THE LAKE AT LAKE JOHIO HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**882 JACKSON AVE
WINTER PARK, FL 32789 US**New Principal Place of Business:**4004 EDGEWATER DRIVE
ORLANDO, FL 32804 US**Current Mailing Address:**882 JACKSON AVE
WINTER PARK, FL 32789 US**New Mailing Address:**4004 EDGEWATER DRIVE
ORLANDO, FL 32804 US

FEI Number: 59-3706244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:VANDERVLIT, AMANDA M
882 JACKSON AVE
WINTER PARK, FL 32789 US**Name and Address of New Registered Agent:**RIVERA, MARY L
4004 EDGEWATER DRIVE
ORLANDO, FL 32804 US

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: MARY L. RIVERA

06/21/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: FOSTER, LESLIE
Address: 1720 CAROLINA WREN DR
City-St-Zip: OCOEE, FL 34761 USTitle: TD () Delete
Name: KIRTZ, ELI
Address: 488 AUTUMN DAMASK COURT
City-St-Zip: OCOEE, FL 34761 USTitle: SD () Delete
Name: MAGNUS, DARLENE
Address: 1730 CAROLINA WREN DRIVE
City-St-Zip: OCOEE, FL 34761 USTitle: VD () Delete
Name: ROZIER, LEANDER
Address: 1751 SPARROW SONG DRIVE
City-St-Zip: OCOEE, FL 34761Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: MAGNES, DARLENE
Address: 1730 CAROLINA WREN DRIVE
City-St-Zip: OCOEE, FL 34761 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: SD () Change (X) Addition
Name: TURCHIANO, MITZY
Address: 2014 MARSH WREN DRIVE
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LESLIE FOSTER

PRES

06/21/2005

Electronic Signature of Signing Officer or Director

Date