


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90237 027 ****61.25

DOCUMENT # N03000009547			
1. Entity Name WILLOW CREEK AT SEVEN OAKS ASSOCIATION, INC.			
Principal Place of Business 5100 WEST LEMON STREET SUITE 306 TAMPA, FL 33609		Mailing Address 5100 WEST LEMON STREET SUITE 306 TAMPA, FL 33609	
		50020724	
2. Principal Place of Business		3. Mailing Address GREENACRE PROPERTIES INC	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4131 BOUND HWY	
City & State		City & State TAMPA FL	
Zip	Country	Zip 33618	Country HILLSBOROUGH
6. Name and Address of Current Registered Agent		4. FEI Number 13-4275840	
SCHLOSSER, RICHARD A 500 E. KENNEDY BLVD., SUITE 200 TAMPA, FL 33602		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of New Registered Agent	
		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, 2005		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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPAY, BARRY I	NAME	
STREET ADDRESS	5100 W. LEMON STREET, SUITE 306	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSINA, FRANK	NAME	
STREET ADDRESS	5100 W. LEMON STREET, SUITE 306	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDRLIK, DEBORA L LCAM	NAME	
STREET ADDRESS	5100 W. LEMON STREET, SUITE 306	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609	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	
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 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: <u>Deborah L Hudrik</u>		Date: <u>2-17-05</u> Daytime Phone #: <u>813-282-1616</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Deborah L HUDRIK Sec/Treas.			

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