


**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 23 AM 8:37

DOCUMENT # N03000009547

1. Entity Name
WILLOW CREEK AT SEVEN OAKS ASSOCIATION, INC.



Principal Place of Business
4131 GUNN HWY.
TAMPA, FL 33618

Mailing Address
4131 Gunn Highway
Tampa, FL 33618

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



04202007 Chg-NP CR2E037 (12/06)

4. FEI Number
13-4275840

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONLEY, JOHN P.A.
THE BELCHER COMMONS
50 S BELCHER ROAD, SUITE 123
CLEARWATER, FL 33765

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, JIM	
STREET ADDRESS	3244 CHAPEL CREEK CIR	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DANIELS, DAVID	
STREET ADDRESS	3424 CHAPEL CREEK DR	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEWIS, ROBERT	
STREET ADDRESS	3440 CHAPEL CREEK CIR	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPINDLE, DALE	
STREET ADDRESS	3318 CHAPEL CREEK CIRCLE	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGALLA, MATT	
STREET ADDRESS	3410 CHAPEL CREEK CIRCLE	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, DAVID	
STREET ADDRESS	3424 CHAPEL CREEK CIR	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGALLA, MATT	
STREET ADDRESS	3410 CHAPEL CREEK CIR	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNOR, HAROLD	
STREET ADDRESS	3352 CHAPEL CREEK CIR	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

800104108868
06/08/07--01013--025 **61.25

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: DAVID J. DANIELS 5-7-07 813 907 9033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #