



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

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90150 012 \*\*\*\*61.25

<b>DOCUMENT # N03702</b>					
1. Entity Name WILLOWBROOK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business ASSOCIATES PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461			Mailing Address ASSOCIATES PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04052007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2453460	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH, FL 33461				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)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, CHRISTOPHER		NAME	GOMEZ, LARRY	
STREET ADDRESS	124 MEADOWS DR		STREET ADDRESS	104 MEADOWS DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SZOLLOSI, DENNIS		NAME	BOLDUC JOHN	
STREET ADDRESS	162 MEADOWS DR		STREET ADDRESS	282 MEADOWS DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALOSKI, TODD		NAME	DUNN JEFFREY	
STREET ADDRESS	284 MEADOWS DR		STREET ADDRESS	14 MEADOWS DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTSEL, ERIK		NAME	CLARK GAIL	
STREET ADDRESS	163 MEADOWS DR		STREET ADDRESS	212 MEADOWS DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33424		CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTA MARIA, CARLOS		NAME	SANTAMARIA CARLOS	
STREET ADDRESS	204 MEADOWS DR		STREET ADDRESS	204 MEADOWS DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERGA, PATRICIA		NAME		
STREET ADDRESS	P O BOX 2846		STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON, FL 33440		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 my address, in all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					