

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011825

FILED
Jun 22, 2007
Secretary of State

Entity Name: THE WILLOWS ASSOCIATION, INC.

Current Principal Place of Business:

3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

New Mailing Address:

C/O SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DRIVE, STE 206
NAPLES, FL 34103

FEI Number: 20-4462107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, ERIC A
6363 N.W. 6TH WAY
SUITE 250
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

WILLIAMS, STEPHEN E
SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR., STE 206
NAPLES, FL 34103 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: STEPHEN E WILLIAMS

06/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: SCHNEIDERMAN, MARC
Address: 3300 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD () Change (X) Addition
Name: CROWELL, MARYANN
Address: 3300 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VSTD () Change (X) Addition
Name: SLOMAN, LINDA
Address: 3300 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARC SCHNEIDERMAN

PD

06/22/2007

Electronic Signature of Signing Officer or Director

Date