

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007701

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Entity Name:** WILLOW RIDGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12627 SAN JOSE BLVD., STE 501  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MAY MANAGEMENT  
5455 A1A S  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 20-5404374      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAY MANAGEMENT SERVICES, INC.  
ANNA MARKS, AGENT  
5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ZAKOSKE, JOHN  
Address: C/O MAY MANAGEMENT 5455 A1A S  
City-St-Zip: ST AUGUSTINE, FL 32080 US

Title: DST  
Name: DEARING, MARK C  
Address: C/O MAY MANAGEMENT 5455 A1A S  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: VP  
Name: GORDON, SCOTT  
Address: C/O MAY MANAGEMENT 5455 A1A S  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

I hereby 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 all other like empowered.

SIGNATURE: MARK DEARING

VP

03/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date