2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000423

FILED May 06, 2008 Secretary of State

Entity Name: WILLA SPRINGS OFFICE PARK (LOT 5) CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1060 WILLA SPRINGS DR 1331 SUNDIAL POINT

WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708

Current Mailing Address: New Mailing Address:

1060 WILLA SPRINGS DR 1331 SUNDIAL POINT

WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708

FEI Number: 71-1022086 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PLOWFIELD, ROBERT L JR

1060 WILLA SPRINGS DR

PRESTON, JOHN H IV
1331 SUNDIAL POINT

WINTER SPRINGS, FL 32708 US WINTER SPRINGS, FL 32708 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: JOHN H. PRESTON, IV 05/06/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PD () Delete Title: PD (X) Change() Addition

 Name:
 PLOWFIELD, ROBERT L JR
 Name:
 PRESTON, JOHN H IV

 Address:
 1060 WILLA SPRINGS DR
 Address:
 1331 SUNDIAL POINT

 City-St-Zip:
 WINTER SPRINGS, FL 32708
 City-St-Zip:
 WINTER SPRINGS, FL 32708

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 PLOWFIELD, CHRISTA
 Name:
 CATALANO, DONALD

 Address:
 1060 WILLA SPRINGS DR
 Address:
 1351 SUNDIAL POINT

 City-St-Zip:
 WINTER SPRINGS, FL 32708
 City-St-Zip:
 WINTER SPRINGS, FL 32708

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 PLOWFIELD, CHRISTA
 Name:
 BEYERSDORF, RUSS

 Address:
 1060 WILLA SPRINGS DR
 Address:
 1321 SUNDIAL POINT

 City-St-Zip:
 WINTER SPRINGS, FL 32708
 City-St-Zip:
 WINTER SPRINGS, FL 32708

Title: D (X) Delete Title: () Change () Addition

 Name:
 CRAWFORD, SARAH
 Name:

 Address:
 9551 MYRTLE CREEKLN
 Address:

 City-St-Zip:
 ORLANDO, FL 32832
 City-St-Zip:

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: JOHN H. PRESTON, IV PD 05/06/2008