


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

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N21668</b> 1. Entity Name THE WILLOWS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1401 DISSTON AVE CLERMONT, FL 34711	Mailing Address 1401 DISSTON AVE CLERMONT, FL 34711
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**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2863362	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LOWE, MARY LOU 1411 DISSTON AVE CLERMONT, FL 34711	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 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	U000000657311 03/15/07-80017-003 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARTER, WILLIAM R 1419 DISSTON AVE. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SEMPLE, PETER 1453 DISSTON AVENUE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, WILLARD 1455 DISSTON AVE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOWE, MARY LOU 1411 DISSTON AVE. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALBRECHT, CARLYN 1457 DISSTON AVENUE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZETTERLUND, LEIF 1437 DISSTON AVE. CLERMONT, FL 34711

**DO NOT WRITE  
IN THIS SPACE**

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: MARY LOU LOWE **MARY LOU LOWE** 2-26-07 (352) 242-6215  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #