


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90059 029 ****61.25

DOCUMENT # N23036

1. Entity Name
WILLA LAKE PHASE ONE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**190 N. WESTMONTE DR., SUITE 100
 ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address
**190 N. WESTMONTE DR., SUITE 100
 ALTAMONTE SPRINGS, FL 32714 US**

40061796

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03192007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3067730 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CAMPBELL, MARILYN
 190 N. WESTMONTE DR.
 SUITE 100
 ALTAMONTE SPRINGS, FL 32714**

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)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LAWVER, LARRY	
STREET ADDRESS	1000 WILLA LAKE CIR.	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ZUBER, DAWN	
STREET ADDRESS	1054 WILLA LAKE CIRCLE	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SAN MARTIN, TODD A	
STREET ADDRESS	1022 WILLA LAKE CIR.	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARZYGNAT, PETER	
STREET ADDRESS	1009 WILLA LAKE CIRCLE	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAVE, JUAN B	
STREET ADDRESS	1051 WILLA LAKE CIR.	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parzygnat, Peter	
STREET ADDRESS	1009 Willa Lake Cr.	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kissinger, Robert	
STREET ADDRESS	1033 Willa Lake Cr.	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an address, with all other like empowered.

SIGNATURE: *Dawn E Zuber* **DAWN E ZUBER** **4/10/2007** **(407)366-0862**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #