


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90031 018 ****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

60024603

2. Principal Place of Business - No P.O. Box #
 860 North S.R. 434

3. Mailing Address
 860 North S.R. 434

Suite, Apt. #, etc.
 Suite 1009

Suite, Apt. #, etc.
 Suite 1009



03192008 Chg-NP CR2E037 (12/06)

City & State
 Altamonte Springs, FL

City & State
 Altamonte Springs, FL

Zip
 32714

Country
 USA

Zip
 32714

Country
 USA

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
 Campbell, Marilyn

Street Address (P.O. Box Number is Not Acceptable)
 860 North S.R. 434

Suite 1009

City
 Altamonte Springs, FL

Zip Code
 32714

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 Marilyn Campbell DATE 3/25/08

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, 2008

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	LAWVER, LARRY	1000 WILLA LAKE CIR.	OVIDO, FL 32765	<input type="checkbox"/>
STD	ZUBER, DAWN	1054 WILLA LAKE CIRCLE	OVIDO, FL 32765	<input type="checkbox"/>
P	PARZYGNAT, PETER	1009 WILLA LAKE CIRCLE	OVIDO, FL 32765	<input type="checkbox"/>
VD	PARZYGNAT, PETER	1009 WILLA LAKE CIRCLE	OVIDO, FL 32765	<input checked="" type="checkbox"/>
D	NAVE, JUAN B	1051 WILLA LAKE CIR.	OVIDO, FL 32765	<input type="checkbox"/>
VP	KISSINGER, ROBERT	1023 WILLA LAKE CIRCLE	OVIDO, FL 32765	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 DAWNE ZUBER DATE 4/08/08 DAYTIME PHONE # 407-366-0862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR