

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23036

FILED
Feb 06, 2012
Secretary of State

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

Current Principal Place of Business:

1034 WILLA LAKE CR.
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

860 NORTH S.R. 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-3067730 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CAMPBELL, MARILYN
860 NORTH S.R. 434
STE. 1009
ALTAMONTE SPRINGS, FL 32714 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: D
Name: LAWVER, LARRY
Address: 1010 WILLA LAKE CIR.
City-St-Zip: OVIEDO, FL 32765 US

Title: ST
Name: KISSINGER, ROBERT
Address: 1023 WILLA LAKE CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: P
Name: JESSEE, RAYMOND
Address: 1034 WILLA LAKE CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: VP
Name: THORNBERRY, RUTH J
Address: 1031 WILLA LAKE CIR.
City-St-Zip: OVIEDO, FL 32765 US

Title: D
Name: MONTELEONE, ANTHONY
Address: 1004 WILLA COURT
City-St-Zip: OVIEDO, FL 32765 US

Title: MGR
Name: RUSSELL, MIRIAM A MGR
Address: 860 NORTH S.R. 434, SUITE 1009
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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: MIRIAM A. RUSSELL

MGR

02/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date