

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90125 009 ****61.25

DOCUMENT # N23036

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



Principal Place of Business
P O BOX 622004
OVIEDO, FL 32765 US

Mailing Address
P O BOX 622004
OVIEDO, FL 32765 US

30044642



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
190 N. Westmonte Drive
Suite, Apt. #, etc.
Suite 100
City & State
Altamonte Springs

3. Mailing Address
190 N. Westmonte Drive
Suite, Apt. #, etc.
Suite 100
City & State
Altamonte Springs

4. FEI Number
59-3067730

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

5. Name and Address of Current Registered Agent
BERTETTA, GERALD
1011 NILLA LAKE CHARLES
OVIEDO, FL 32786

7. Name and Address of New Registered Agent
Name
MARILYN CAMPBELL
Street Address (P.O. Box Number is Not Acceptable)
190 N. Westmonte Drive
Suite 100 Springs
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 **3/5/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning)

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 checked="" type="checkbox"/> Delete
D	CONROY, MIKE	1000 WILLA CT	OVIEDO, FL	<input checked="" type="checkbox"/>
T	DIAZ, LYDIA	1067 WILLA LAKE CIR	OVIEDO, FL	<input checked="" type="checkbox"/>
D	BAUER, JEFF	1060 WILLA LAKE CIR	OVIEDO, FL 32765	<input checked="" type="checkbox"/>
D	GOLDEN, CHARITY	1009 WILLA LAKE CIR	OVIEDO, FL 32765	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
T/D	Karen O'Keefe	1000 Willa Lake Circle	Oviedo, FL 32765	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B	Glenadeane Miller	1001 Willa Lake Circle	Oviedo, FL 32765	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P/D	Todd A. San Martin	1022 Willa Lake Circle	Oviedo, FL 32765	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Kenneth C. Dahlstrom	1032 Willa Lake Circle	Oviedo, FL 32765	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/D	Raymond Jesse	1034 Willa Lake Circle	Oviedo, FL 32765	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Joan B. Nave	1051 Willa Lake Circle	Oviedo, FL 32765	<input type="checkbox"/>	<input checked="" type="checkbox"/>



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 individuals empowered.

SIGNATURE: *[Signature]* DATE **3/17/03** OFFICE PHONE # **407-471-3100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

*Attachment
30044642*

DOCUMENT # N23036					
1. Entity Name WILLA LAKE PHASE ONE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business			Mailing Address		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3067730	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)</small>					
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Dawn E. Zuber	
STREET ADDRESS			STREET ADDRESS	1054 Willa Lake Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Oviedo, FL 32765	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			3/17/03 407-471-3100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CFR2E037 (10/02)