

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90022 024 \*\*\*\*61.25

**DOCUMENT # N27022**

1. Entity Name  
**WILLOUGHBY ACRES PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**P.O. BOX 110854  
NAPLES, FL 34108-0115**

Mailing Address  
**P.O. BOX 110854  
NAPLES, FL 34108-0115**



02072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0139156</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CARTER, STEWART**  
**101 MADISON AVENUE** *Drive*  
**NAPLES, FL 34110**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CARTER, STEWART
STREET ADDRESS	101 MADISON AVENUE <i>Drive</i>
CITY - ST - ZIP	NAPLES, FL 34110

TITLE	TD
NAME	JOUDREY, DEBBIE
STREET ADDRESS	118 KIRTLAND DRIVE
CITY - ST - ZIP	NAPLES, FL 34110

TITLE	D
NAME	POINTER, JACK
STREET ADDRESS	105 ERIE <i>Drive</i>
CITY - ST - ZIP	NAPLES, FL 34110

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Joudrey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/17/04* *239-591-1372*  
Date Daytime Phone #