


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90006 007 \*\*\*\*61.25

|   |                          |  |   |   |  |
|---|--------------------------|--|---|---|--|
| <b>DOCUMENT # N28252</b>  |                          |  |   |  |  |
| 1. Entity Name<br>WILLOW RUN HOMEOWNERS ASSOCIATION, INC.   |                          |  |   |   |  |
| Principal Place of Business<br>P O BOX 1038<br>GOLDENROD, FL 32733 US   |                          |  | Mailing Address<br>P O BOX 1038<br>GOLDENROD, FL 32733 US |   |  |
| 2. Principal Place of Business  |                          |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |                          |  | Suite, Apt. #, etc.                                       |   |  |
| City & State  |                          |  | City & State  |   |  |
| Zip   |                          | Country  | Zip   |   | Country  |
| 6. Name and Address of Current Registered Agent   |                          |  |   | 7. Name and Address of New Registered Agent                                       |  |
| CATHCART, CHRISTOPER<br>210 N WYMORE RD<br>WINTER PARK, FL 32789  |                          |  |   | Name  |  |
|   |                          |  |   | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|   |                          |  |   | City  | FL   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                          |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by September 7, 2005</b>   |                          | 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   | DT                       | <input checked="" type="checkbox"/> Delete                                       | TITLE   | Thomas M. SANDERS   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | MASON, NANCY             |  | NAME  | 943 Willow Run Lane   |  |
| STREET ADDRESS  | 943 WILLOW RUN LANE      |  | STREET ADDRESS  | Winter Springs, FL 32708  |  |
| CITY-ST-ZIP   | WINTER SPRINGS, FL       |  | CITY-ST-ZIP   |   |  |
| TITLE   | PD                       | <input checked="" type="checkbox"/> Delete                                       | TITLE   | Betty Dixon   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | MURPHY, DON              |  | NAME  | 997 Willow Run Lane   |  |
| STREET ADDRESS  | 736 WILLOW RUN LANE      |  | STREET ADDRESS  | Winter Springs, FL 32708  |  |
| CITY-ST-ZIP   | WINTER SPRINGS, FL 32708 |  | CITY-ST-ZIP   |   |  |
| TITLE   | VP                       | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | LANPHER, MICHAEL         |  | NAME  |   |  |
| STREET ADDRESS  | 707 WILLOW RUN LN        |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | WINTER SPRINGS, FL       |  | CITY-ST-ZIP   |   |  |
| TITLE   | VP                       | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | PHELPS, BILL             |  | NAME  |   |  |
| STREET ADDRESS  | 992 WITHERS RIN RD       |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | WINTER SPRINGS, FL 32708 |  | CITY-ST-ZIP   |   |  |
| TITLE   | S                        | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | SMITH, DONALD            |  | NAME  |   |  |
| STREET ADDRESS  | 772 COLD STREAM CT       |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | WINTER SPRINGS, FL 32708 |  | CITY-ST-ZIP   |   |  |
| 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   |   |  |
| 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: <i>Betty Dixon</i>   |                          | SIGNATURE: <i>Betty Dixon</i>  |   | 7/18/05 407-695-4328  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                          | <small>Date</small>  |   | <small>Daytime Phone #</small>  |  |

50058394



07032005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3021417 Applied For Not Applicable

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

FL

**Filing Fee is \$61.25  
Due by September 7, 2005**

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

Make check payable to Florida Department of State

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| NAME                       | LANPHER, MICHAEL         |  |
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| NAME                       |                          |  |
| STREET ADDRESS             |                          |  |
| CITY-ST-ZIP                |                          |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                          |  |
|---|--------------------------|--|
| TITLE   | Thomas M. SANDERS        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP   |                          |  |
| TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                          |  |
| STREET ADDRESS  |                          |  |
| CITY-ST-ZIP   |                          |  |

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SIGNATURE: *Betty Dixon* SIGNATURE: *Betty Dixon* 7/18/05 407-695-4328

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