



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N28252					
1. Entity Name WILLOW RUN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P O BOX 1038 GOLDENROD FL 32733 US		Mailing Address P O BOX 1038 GOLDENROD FL 32733 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3021417	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CATHCART, CHRISTOPER 210 N WYMORE RD WINTER PARK FL 32789				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	 110600418916 02/14/06-80027-004 61.25	
NAME	SANDERS, THOMAS	NAME			
STREET ADDRESS	943 WILLOW RUN LANE	STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIXON, BETTY	NAME			
STREET ADDRESS	997 WILLOW RUN LANE	STREET ADDRESS			
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 exemptions contained in Section 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.

Bill Phelps - *Betty Dixon* - *Michael Lanpher*