

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90123 005 \*\*\*\*61.25

**DOCUMENT # 769274**

1. Entity Name  
**THE WILLOWS FIRST ADDITION HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**P.O. BOX 618539  
ORLANDO, FL 32861**

Mailing Address  
**P.O. BOX 618539  
ORLANDO, FL 32861**

**50029646**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-2359367**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BROCKMAN, NANCY  
2043 SAWGRASS DRIVE  
APOPKA, FL 32712**

7. Name and Address of New Registered Agent

Name **PAULA WELLS**

Street Address (P.O. Box Number is Not Acceptable)

**218 S. Lake Cortez Drive**

City **Apopka**

**FL**

Zip Code **32703**

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, 2005**

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  
**D  
SMITH, ANN  
8603 SNOWFIRE DRIVE  
ORLANDO, FL 32818** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WELLS, PAULA  
218 SOUTH LAKE CORTEZ DRIVE  
APOPKA, FL 32703** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ELLIS, KATHY  
7945 CHARTREUX LANE  
MAITLAND, FL 32751** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WELLS, BRAD  
218 S. LAKE CORTEZ DR.  
APOPKA, FL 32703** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
THOMPSON, AMOS  
8603 SNOW FIRE DRIVE  
ORLANDO, FL 32818** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MUELLER, DUWAYNE  
2900 WESTERN WILLOW TERR  
ORLANDO, FL 32808** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D Cathy Reichel  
114 Pineapple Ct.  
Longwood, FL 32750** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/05**

Date

**407-667-0220**

Daytime Phone #