2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 31, 2005 8:00 am
Secretary of State
05-02-2005 90740 001 ***140.00

DOCUMENT # N04000007838

1. Entity Name
WILLOW BEND AT LIVE OAK PRESERVE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3300 UNIVERSITY DR. CORAL SPRINGS, FL 33065	3300 UNIVERSITY DR. CORAL SPRINGS, FL 33065

02012005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
11500 Old Tampa Bay Dr	11500 Old Tampa Bay Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: San Antonio, Fl	City & State: San Antonio, Fl
Zip: 33576 Country:	Zip: 33576 Country:

4. FEI Number: 20-2614434 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMON, ERIC A 6363 N.W. 6TH WAY STE. 250 FT. LAUDERDALE, FL 33309	Name: Jonnie R. Tyler Street Address (P.O. Box Number is Not Acceptable): 11500 Old Tampa Bay Dr City: San Antonio FL Zip Code: 33576

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 _____ 4-4-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent must manually signed 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kreiff, Robert 3300 University Dr., Suite 100 Coral Springs, Fl 33065 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Arcaro, Lauren 3300 University dr., Suite 100 Coral Springs, Fl 33065 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leikert, Paul 3300 University Dr., Suite 100 Coral Springs, Fl 33065 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 Date Daytime Phone #