2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# 760303

Entity Name: WILLOW WOODS TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN MANAGEMENT GROUP, LLC 1806 N. FLAMINGO ROAD, SUITE 435 PEMBROKE PINES, FL 33028

Current Mailing Address:

C/O AMERICAN MANAGEMENT GROUP, LLC 1806 N. FLAMINGO ROAD, SUITE 435 PEMBROKE PINES, FL 33028 US

FEI Number: 59-2262537

Name and Address of Current Registered Agent:

BAUMAN, BAUMAN & KANNER, P.A. 4050 WEST BROWARD BOULEVARD PLANTATION, FL 33317 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	SD, TREASURER	Title	DIRECTOR
Name	BURGESS, TERRI	Name	WHITE, PAULINE
Address	C/O AMERICAN MANAGEMENT GROUP, LLC 1806 N. FLAMINGO ROAD, SUITE 435	Address	C/O AMERICAN MANAGEMENT GROUP, LLC 1806 N. FLAMINGO ROAD, SUITE 435
City-State-Zip:	PEMBROKE PINES FL 33028	City-State-Zip:	PEMBROKE PINES FL 33028
Title	D	Title	PD
Name	MYERS, JOANNESE	Name	FRIEDMAN, LARRY
Address	C/O AMERICAN MANAGEMENT GROUP, LLC 1806 N. FLAMINGO ROAD, SUITE 435	Address	C/O AMERICAN MANAGEMENT GROUP, LLC 1806 N. FLAMINGO ROAD, SUITE 435
City-State-Zip:	PEMBROKE PINES FL 33028	City-State-Zip:	PEMBROKE PINES FL 33028
Title	D		
Name	SINGLETON, BRANDEE		
Address	C/O AMERICAN MANAGEMENT		

City-State-Zip: PEMBROKE PINES FL 33028

GROUP. LLC

1806 N. FLAMINGO ROAD, SUITE 435

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRIEDMAN, LARRY

PRESIDENT

04/09/2014

Electronic Signature of Signing Officer/Director Detail

Date

FILED

Certificate of Status Desired: No