Entity Nam	e: VILLAS OF	WILLOWOOD	HOMEOWNERS	ASSOCIATION, INC	).

**Current Principal Place of Business:** 

C/O DAVENPORT PROF PROP MGMT LLC 6620 LAKE WORTH RD STE F LAKE WORTH, FL 33467

#### **Current Mailing Address:**

C/O DAVENPORT PROF PROP MGMT LLC 6620 LAKE WORTH RD STE F LAKE WORTH, FL 33467 US

#### FEI Number: 59-2601560

#### Name and Address of Current Registered Agent:

FRIEDMAN, MARK ESQ. 2901 SW 149TH AVE **STE 140** MIRAMAR, FL 33024 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	: MARK FRIEDMAN			04/15/2014	
	Electronic Signature of Registered Agent				
Officer/Direc	tor Detail :				
Title	PRESIDENT	Title	VP		
Name	MCFEATERS, TONYA	Name	KEISEL, LISA		
Address	6620 LAKE WORTH RD STE F	Address	6620 LAKE WORTH RD STE F		
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467		
Title	SECR	Title	TRES		
Name	BIELAWSKI, DEBI	Name	PIKE, JULIA (JUDY)		
Address	6620 LAKE WORTH RD STE F	Address	6620 LAKE WORTH RD STE F		
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467		
Title	DIRECTOR	Title	DIRECTOR		
Name	PIKE, JERRY	Name	VENEZZIO, ELSA		
Address	6620 LAKE WORTH RD STE F	Address	6620 LAKE WORTH RD STE F		
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467		
Title	DIRECTOR	Title	DIRECTOR		
Name	THOMPSON, ROBERT	Name	MEDEMA, WAYNE		
Address	6620 LAKE WORTH RD STE F	Address	6620 LAKE WORTH RD STE F		
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467		

#### Continues on page 2

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	: TONYA MCFEATERS	PRESIDENT	04/15/2014
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Apr 15, 2014 Secretary of State

CC4789662516

# Certificate of Status Desired: No

Date

## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N11970

### **Officer/Director Detail Continued :**

Title	DIRECTOR
Name	REED, KEITH
Address	6620 LAKE WORTH ROAD SUITE F
City-State-Zip:	LAKE WORTH FL 33467