

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21668

Entity Name: THE WILLOWS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1401 DISSTON AVE
CLERMONT, FL 34711**Current Mailing Address:**1401 DISSTON AVE
CLERMONT, FL 34711**FEI Number:** 59-2863362**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HALE, DOLORES
1481 DISSTON AVE
CLERMONT, FL 34711 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:** HALE, DOLORES

02/15/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name CARTER, TODD
Address 10636 VERSAILLES BLVD
City-State-Zip: CLERMONT FL 34711

Title VP
Name ZETTERLUND, LEIF
Address 1437 DISSTON AVE
City-State-Zip: CLERMONT FL 34711

Title D
Name NOBOA, CESAR
Address 1447 DISSTON AVE
City-State-Zip: CLERMONT FL 34711

Title DS
Name ALBRECHT, CARLYN
Address 1457 DISSTON AVENUE
City-State-Zip: CLERMONT FL 34711

Title D
Name CLARK, JEAN
Address 1407 DISSTON AVE.
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name ANN, CHAPPEL DEMERIS
Address 1433 DISSTON AVENUE
City-State-Zip: CLERMONT FL 34711

Title TREASURER
Name HALE, DOLORES
Address 1481 DISSTON AVE.
City-State-Zip: CLERMONT FL 34711

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: DOLORES HALE

TREASURE

02/15/2018

Electronic Signature of Signing Officer/Director Detail

Date