

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21668

Entity Name: THE WILLOWS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**13900 COUNTY ROAD 455
SUITE 107 #346 SUITE 6
CLERMONT,FL FL 34711**Current Mailing Address:**13900 COUNTY ROAD 455
SUITE 107 #346 SUITE 6
CLERMONT,FL FL 34711 US**FEI Number:** 59-2863362**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELLIS, JOHN
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:** JOHN ELLIS

04/23/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	BELL, DIANE
Address	13900 COUNTY ROAD 455 SUITE 107 #346 SUITE 6
City-State-Zip:	CLERMONT,FL FL 34711

Title	DIRECTOR
Name	DIESTLER, DARYL
Address	13900 COUNTY ROAD 455 SUITE 107 #346 SUITE 6
City-State-Zip:	CLERMONT,FL FL 34711

Title	DIRECTOR
Name	EVANGELINA, BOOTH
Address	13900 COUNTY ROAD 455 SUITE 107 #346 SUITE 6
City-State-Zip:	CLERMONT,FL FL 34711

Title	DIRECTOR
Name	MCCAFFREY, MARK
Address	13900 COUNTY ROAD 455 SUITE 107 #346 SUITE 6
City-State-Zip:	CLERMONT,FL FL 34711

Title	PRESIDENT
Name	SUFFREDINI, PRISCILLA
Address	13900 COUNTY ROAD 455 SUITE 107 #346 SUITE 6
City-State-Zip:	CLERMONT,FL 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: PRISCILLA SUFFREDINI

PRESIDENT

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date