

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003229

**Entity Name:** LAVENTANA AT WILLOW POND HOMEOWNERS  
ASSOCIATION, INC.

**FILED**  
**Apr 10, 2013**  
**Secretary of State**  
**CC9792440846**

**Current Principal Place of Business:**

1101 MIRANDA LANE  
SUITE 112  
KISSIMMEE, FL 34741

**Current Mailing Address:**

1101 MIRANDA LANE  
SUITE 112  
KISSIMMEE, FL 34741

**FEI Number: 59-3580799**

**Certificate of Status Desired: No**

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

WEBB, WILLIAM C  
1101 MIRANDA LANE, SUITE 112  
KISSIMMEE, FL 34741 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VPD  
Name MARKOWITZ, SHERMAN  
Address 728 WHISPERING CYPRESS LN  
City-State-Zip: ORLANDO FL 32824

Title SD  
Name MARTINEZ, DANIEL  
Address 1033 RAINING MEADOWS LN  
City-State-Zip: ORLANDO FL 32824

Title TD  
Name VALENTINE, TERESA  
Address 14000 FAIRWINDS CT  
City-State-Zip: ORLANDO FL 32824

Title PD  
Name GONZALEZ, FERNANDO  
Address 757 WHISPERING CYPRESS LN  
City-State-Zip: ORLANDO FL 32824

Title D  
Name TAYLOR, DOUGLAS  
Address 847 WHISPERING CYPRESS LN  
City-State-Zip: ORLANDO FL 32824

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: SHERMAN MARKOWITZ**

**VP**

**04/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date