

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 459214

1. Entity Name
WILLOW LAKE ESTATES, INC.



Principal Place of Business
**285 N.E. 48TH STREET
POMPANO BEACH, FL 33064**

Mailing Address
**285 N.E. 48TH STREET
POMPANO BEACH, FL 33064**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2525418

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DANCA, PAMELA R.
285 NE 48TH ST.
POMPANO BCH., FL 33064**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000429146
02/21/06-80076-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DANCA, REBA
STREET ADDRESS	285 NE 48TH ST.
CITY-ST-ZIP	POMPANO BCH., FL 33064
TITLE	VSD
NAME	PAMELA DANCA
STREET ADDRESS	285 NE 48TH ST.
CITY-ST-ZIP	POMPANO BCH., FL 33064
TITLE	TD
NAME	DENISE, MILLER
STREET ADDRESS	285 NE 48TH ST
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamela R. Danca* **Pamela R. Danca U.P./Sec.** 2/7/06 954-421-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #