


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90028 022 ****61.25

DOCUMENT # 737817					
1. Entity Name WILLIS GLIDERPORT PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business GLIDESPORT, WILLIS 10640 DENOEU RD BOYNTON BEACH, FL 33437 US		Mailing Address 10640 DENOEU RD A BOYNTON BEACH, FL 33437 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1814900	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LONG, BETSY SD 10501 DENOEU RD BOYNTON BEACH, FL 33437			Name Pierce, Mary		
			Street Address (P.O. Box Number is Not Acceptable) 10640 Denoeu Road		
			City Boynton Beach	FL	Zip Code 33437
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 <i>Mary Pierce</i>				DATE 1-8-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COBB, JOHN TD		NAME	Davis, Kathy	
STREET ADDRESS	10781 DENOEU RD		STREET ADDRESS	10640 Denoeu Rd	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, BETSY SD		NAME	Terry Jenkins	
STREET ADDRESS	10501 DENOEU RD		STREET ADDRESS	10640 Denoeu Rd	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELTON, TOM D		NAME	Romano, Linda	
STREET ADDRESS	10301 DENOEU RD		STREET ADDRESS	10640 Denoeu Road	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TISON, WILLIAM PD		NAME	William Tison	
STREET ADDRESS	10621 DENOEU RD		STREET ADDRESS	10640 Denoeu Road	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEIGHTON, MICHAEL VPD		NAME	Mary Pierce	
STREET ADDRESS	10982 DENOEU RD		STREET ADDRESS	10640 Denoeu Road	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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: <i>Mary Pierce, Treasurer</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer		Date 1-8-06 Daytime Phone # 561-718-4854	