


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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
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U00000590712
 01/18/07-80067-003 61.25



01142007 No Chg-NP CR2E037 (4/06)

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

**PIERCE, MARY
 10640 DENOEU RD
 BOYNTON BEACH, FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, KATHY 10640 DENOCH RD BOYNTON BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JENKINS, TERRY 10640 DENOEU RD BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROMANO, LINDA 10640 DENOEU RD BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TISON, WILLIAM PD 10640 DENOEU RD BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIERCE, MARY 10640 DENOEU RD BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS 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: Mary Pierce **1-14-07** **501-731-0112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #