


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90029 038 \*\*\*\*61.25

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # 738533</b>   |         |  |         |
| 1. Entity Name<br><b>THE WILLOUGHBY CONDOMINIUM ASSOCIATION, INC.</b>                      |         |   |         |
| Principal Place of Business<br><b>315 GLENVIEW BLVD #1<br/>DAYTONA BEACH FL 32118-3818</b> |         | Mailing Address<br><b>315 GLENVIEW BLVD #1<br/>DAYTONA BEACH FL 32118-3818</b>    |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                      |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |

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MOORE CR2E037 (11/03)

|   |  |  |  |
|---|--|--|--|
| 4. FEI Number<br><b>59-1767807</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><b>LYNCH, SANDI<br/>317 GLENVIEW BLVD<br/># 4<br/>DAYTONA BEACH FL 32118</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>Malone, Mary M</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>315 Glenview Blvd #1</b><br>City <b>Daytona Beach</b> FL Zip Code <b>32118</b> |  |

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 Mary Malone \* Mary M. Malone DATE 2/10/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |  |
|---|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By: May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>CAMP, JIM<br>801 N PENINSULA DR<br>DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | D<br>Griffin, Christopher<br>317 Glenview Blvd<br>Daytona Beach, 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>MALONE, MARY M.<br>315 GLENVIEW BLVD 1<br>DAYTONA BCH FL <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>LYNCH, SANDI<br>317 GLENVIEW BLVD #4<br>DAYTONA BEACH FL 32118 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>HUNTINGTON, RELDON<br>317 GLENVIEW BLVD #6<br>DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James A. Camp James A. Camp DATE 2/19/04 386-248-2020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #