

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 26 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # 742982</b><br>1. Entity Name<br>WILLOWS CONDOMINIUM ASSOCIATION, INC.   |  |  |  |  |  |
| Principal Place of Business<br>2335 9TH ST. N. STE. 505<br>NAPLES, FL 34103 US  |  |  | Mailing Address<br>2335 9TH ST. N. STE. 505<br>NAPLES, FL 34103 US |  |  |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |  |  |
| City & State  |  | City & State   |  |  |  |
| Zip   |  | Country  |  | Zip  |  |
|   |  |  |  | Country  |  |
| 6. Name and Address of Current Registered Agent<br><br>GULF VIEW PROPERTY MGMT<br>2335 9TH STREET NORTH STE. 505<br>NAPLES, FL 34103  |  |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><br>State: <b>FL</b> Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 12, 2008</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees   |  |
|   |  |  |  | Make check payable to<br><b>Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10              |  |  |
| TITLE   | STD  |  | TITLE  | Barbara Chase T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME  | JANSEN, HARRY <input checked="" type="checkbox"/> Delete     |  | NAME   | 4100 Belair Lane #208  |  |
| STREET ADDRESS  | 4100 BELAIR LANE #106  |  | STREET ADDRESS   | Naples FL 34103  |  |
| CITY-ST-ZIP   | NAPLES, FL 34103   |  | CITY-ST-ZIP  |  |  |
| TITLE   | PD   |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | JACKSON, LINDA <input type="checkbox"/> Delete               |  | NAME   |  |  |
| STREET ADDRESS  | 20 MESHACKET RD  |  | STREET ADDRESS   | 300136385579   |  |
| CITY-ST-ZIP   | EDGARTOWN, MA 02539  |  | CITY-ST-ZIP  | 09/26/08--01043--015 **\$61.25   |  |
| TITLE   | VD   |  | TITLE  | S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME  | HARRISON, JEFFREY <input checked="" type="checkbox"/> Delete |  | NAME   | Pamela Anderson  |  |
| STREET ADDRESS  | 4100 BELAIR LN #202  |  | STREET ADDRESS   | 4100 Belair Lane #211  |  |
| CITY-ST-ZIP   | NAPLES, FL 34103   |  | CITY-ST-ZIP  | Naples FL 34103  |  |
| 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  |  |  |
| TITLE   | <input type="checkbox"/> Delete                              |  | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME  |  |  | NAME   |  |  |
| STREET ADDRESS  |  |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |  |  | CITY-ST-ZIP  |  |  |
| 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 another title empowered. |  |  |  |  |  |
| SIGNATURE: <i>Pamela Anderson</i>   |  | Date: <i>8/28/08</i>   |  | Daytime Phone #  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |  |  |  |

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