

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742982

FILED
Apr 29, 2009
Secretary of State

Entity Name: WILLOWS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2335 9TH ST. N. STE. 505
NAPLES, FL 34103 US

New Principal Place of Business:

2335 9TH STREET NORTH
SUITE 505
NAPLES, FL 34103 US

Current Mailing Address:

2335 9TH ST. N. STE. 505
NAPLES, FL 34103 US

New Mailing Address:

2335 9TH STREET NORTH
SUITE 505
NAPLES, FL 34103 US

FEI Number: 59-2068893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULF VIEW PROPERTY MGMT
2335 9TH STREET NORTH STE. 505
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

GULF VIEW PROPERTY MGMT
2335 9TH STREET NORTH
SUITE 505
NAPLES, FL 34103 US

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.

SIGNATURE: JACQUELYN DZINGLESKI

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CHASE, BARBARA
Address: 4100 BELAIR LANE #208
City-St-Zip: NAPLES, FL 34103

Title: PD () Delete
Name: JACKSON, LINDA
Address: 20 MESHACKET RD
City-St-Zip: EDGARTOWN, MA 02539

Title: SD () Delete
Name: ANDERSON, PAMELA
Address: 4100 BELAIR LN #211
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: SKOWRONSKI, JAMES
Address: 4100 BELAIR LANE #107
City-St-Zip: NAPLES, FL 34103

Title: VPD (X) Change () Addition
Name: JACKSON, LINDA
Address: 20 MESHACKET RD
City-St-Zip: EDGARTOWN, MA 02539

Title: PD (X) Change () Addition
Name: ANDERSON, PAMELA
Address: 4100 BELAIR LN #211
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SKOWRONSKI

STD

04/29/2009

Electronic Signature of Signing Officer or Director

Date