


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 745388 1. Entity Name VILLAGE OF WILLOW WOOD ASSOCIATION, INC.				
Principal Place of Business 6601 WILLOWWOOD DR BOCA RATON FL 33434		Mailing Address 6601 WILLOWWOOD DR BOCA RATON FL 33434		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 59-1894106				
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent WILLIAM K. ISAACSON, C/O LANG MANAGEMENT COMPANY, INC. 21045 COMMERCIAL TRAIL BOCA RATON FL 33486-1006		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____				
FILE NOW: FEE IS \$61.25 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 NAME STREET ADDRESS CITY-ST-ZIP	D ELIAS, HOWARD 6875 WILLOWWOOD DR., UNIT 2083 BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNHARDT, DENMARK 6904 WILLOWWOOD DR BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRIEDMAN, EUGENE 6797 WILLOWWOOD DR BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESTER, HERSCH 20109 WATERS EDGE DRIVE BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEMAN, LENORE 6815 WILLOW WOOD DRIVE, UNIT 4012 BOCA RATON FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	



1st MOORE CR2E037 (10/05)

4. FEI Number **59-1894106** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$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																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;">D ELIAS, HOWARD 6875 WILLOWWOOD DR., UNIT 2083 BOCA RATON FL</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;">PD BERNHARDT, DENMARK 6904 WILLOWWOOD DR BOCA RATON FL</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;">ST FRIEDMAN, EUGENE 6797 WILLOWWOOD DR BOCA RATON FL</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;">VP LESTER, HERSCH 20109 WATERS EDGE DRIVE BOCA RATON FL</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;">D WHITEMAN, LENORE 6815 WILLOW WOOD DRIVE, UNIT 4012 BOCA RATON FL 33434</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIAS, HOWARD 6875 WILLOWWOOD DR., UNIT 2083 BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNHARDT, DENMARK 6904 WILLOWWOOD DR BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRIEDMAN, EUGENE 6797 WILLOWWOOD DR BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESTER, HERSCH 20109 WATERS EDGE DRIVE BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEMAN, LENORE 6815 WILLOW WOOD DRIVE, UNIT 4012 BOCA RATON FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td style="padding: 5px;"> U00000422472 02/17/06-80018-002 70.00 </td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	U00000422472 02/17/06-80018-002 70.00	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIAS, HOWARD 6875 WILLOWWOOD DR., UNIT 2083 BOCA RATON FL	<input type="checkbox"/> Delete																													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNHARDT, DENMARK 6904 WILLOWWOOD DR BOCA RATON FL	<input type="checkbox"/> Delete																													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRIEDMAN, EUGENE 6797 WILLOWWOOD DR BOCA RATON FL	<input type="checkbox"/> Delete																													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESTER, HERSCH 20109 WATERS EDGE DRIVE BOCA RATON FL	<input type="checkbox"/> Delete																													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEMAN, LENORE 6815 WILLOW WOOD DRIVE, UNIT 4012 BOCA RATON FL 33434	<input type="checkbox"/> Delete																													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete																													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add																														
U00000422472 02/17/06-80018-002 70.00	<input type="checkbox"/> Change <input type="checkbox"/> Add																														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add																														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add																														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add																														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add																														

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

VICE 501-483-777