

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90102 001 ****70.00



DOCUMENT # 745388
1. Entity Name
VILLAGE OF WILLOW WOOD ASSOCIATION, INC.

Principal Place of Business Mailing Address
6801 WILLOWWOOD DR **6801 WILLOWWOOD DR**
BOCA RATON FL 33434 **BOCA RATON FL 33434**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State

4. FEI Number Applied For
59-1894106 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELIAS, HOWARD	
STREET ADDRESS	6875 WILLOWWOOD DR., UNIT 2083	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERNHARDT, DENMARK	
STREET ADDRESS	6904 WILLOWWOOD DR	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FRIEDMAN, EUGENE	
STREET ADDRESS	6797 WILLOWWOOD DR	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LESTER, HERSCH	
STREET ADDRESS	20109 WATERS EDGE DRIVE	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITEMAN, LENORE	
STREET ADDRESS	6815 WILLOW WOOD DRIVE, UNIT 4012	
CITY- ST- ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEILA MIRKIN	
STREET ADDRESS	6875 Willowwood Dr. Unit 2045	
CITY- ST- ZIP	Boca Raton, FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07 **561-483-7356**
Date Daytime Phone #