

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745388

FILED
Apr 20, 2009
Secretary of State

Entity Name: VILLAGE OF WILLOW WOOD ASSOCIATION, INC.

Current Principal Place of Business:

6801 WILLOWWOOD DR
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

6801 WILLOWWOOD DR
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 59-1894106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAM K. ISAACSON,
C/O LANG MANAGEMENT COMPANY, INC.
21045 COMMERCIAL TRAIL
BOCA RATON, FL 334861006 US

Name and Address of New Registered Agent:

ISAACSON, WILLIAM K
C/O LANG MANAGEMENT COMPANY, INC.
21045 COMMERCIAL TRAIL
BOCA RATON, FL 334861006 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: WILLIAM K ISAACSON

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TUCCI, FRANK
Address: 6895 WILLOWOOD DR
City-St-Zip: BOCA RATON, FL 33434

Title: T () Delete
Name: KARPf, HENRY
Address: 6786 WILLOWOOD DR
City-St-Zip: BOCA RATON, FL 33434

Title: VPS () Delete
Name: FRIEDMAN, EUGENE
Address: 6797 WILLOWWOOD DR
City-St-Zip: BOCA RATON, FL

Title: PD () Delete
Name: LESTER, HERSCH
Address: 20109 WATERS EDGE DRIVE
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: WHITEMAN, LENORE
Address: 6815 WILLOW WOOD DRIVE, UNIT 4012
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LESTER HERSCH

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date