

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747428

FILED
Apr 21, 2009
Secretary of State

Entity Name: WILLOW LINKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ADVANCED MANAGEMENT INC.
9031 TOWN CENTER PARKWAY
BRADENTON, FL 34202 US

New Principal Place of Business:

Current Mailing Address:

ADVANCED MANAGEMENT INC.
9031 TOWN CENTER PARKWAY
BRADENTON, FL 34202 US

New Mailing Address:

FEI Number: 59-2076146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANCED MANAGEMENT OF SW. FLORIDA INC.
9031 TOWN CENTER PARKWAY
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REMAIS, GEORGE
Address: 5278 WILLOW LINKS
City-St-Zip: SARASOTA, FL 34235

Title: PD () Delete
Name: SNIPES, KENT
Address: 5119 WILLOW LINKS
City-St-Zip: SARASOTA, FL 34235

Title: TD () Delete
Name: GRAF, JANET
Address: 5224 WILLOW LINKS
City-St-Zip: SARASOTA, FL 34235

Title: AS () Delete
Name: WILSON, DOUGLAS E
Address: 9031 TOWN CTR PKWY
City-St-Zip: BRADENTON, FL 34202

Title: SD () Delete
Name: SMITH, GLESLIE
Address: 5166 WELLOW LINKS
City-St-Zip: SARASOTA, FL 34243

Title: VPD () Delete
Name: MORRISSEY, ALAN
Address: 5122 WILLOW LINKS
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: REMIAS, GEORGE
Address: 5278 WILLOW LINKS
City-St-Zip: SARASOTA, FL 34235

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: SD (X) Change () Addition
Name: SMITH, LESLIE
Address: 5166 WILLOW LINKS
City-St-Zip: SARASOTA, FL 34243

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: JANET GRAF

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04/21/2009

Electronic Signature of Signing Officer or Director

Date