

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90202 034 \*\*\*\*61.25

<b>DOCUMENT # 748686</b>	
1. Entity Name WILLOW GREEN CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 5037 RINGWOOD MEADOW B SARASOTA, FL 34235 US	Mailing Address 5037 RINGWOOD MEADOW B SARASOTA, FL 34235 US
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2. Principal Place of Business 5041 Ringwood Meadow Suite, Apt. #, etc. STE 2	3. Mailing Address 5041 Ringwood Meadow Suite, Apt. #, etc. STE 2
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City & State	City & State	4. FEI Number 59-1942052	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



01172006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent PAMI MANAGEMENT INC. 4983 RINGWOOD MEADOW SARASOTA, FL 34235		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5041 Ringwood Meadow STE 2 City FL Zip Code	
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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 reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	*	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEPHENS, GAIL			NAME			
STREET ADDRESS	3065 WILLOW GREEN			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34235			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete	*	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, WILL			NAME			
STREET ADDRESS	3027 WILLOW GREEN			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34235			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete	*	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, MARY			NAME			
STREET ADDRESS	3063 WILLOW GREEN			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34235			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	*	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRISTOL, JAN			NAME			
STREET ADDRESS	3067 WILLOW GREEN			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34235			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete	*	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOGAN, MARGARET			NAME			
STREET ADDRESS	3089 WILLOW GREEN			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34235			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	*	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Gail Stephens  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #