


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90017 012 \*\*\*\*61.25

<b>DOCUMENT # 750242</b>		
1. Entity Name <b>WILLOW WOOD MID-RISE CONDOMINIUM I ASSOCIATION, INC.</b>		

Principal Place of Business <b>C/O MAHOGANY SERVICE INC 6700 NW BROKEN SOUND PKWY #203 BOCA RATON, FL 33487 US</b>	Mailing Address <b>C/O MAHOGANY SERVICE INC 6700 NW BROKEN SOUND PKWY #203 BOCA RATON, FL 33487 US</b>
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03212006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business <b>21 SE 5<sup>th</sup> STREET</b>		3. Mailing Address <b>21 SE 5<sup>th</sup> STREET</b>	
Suite, Apt. #, etc. <b>#100</b>		Suite, Apt. #, etc. <b>#100</b>	
City & State <b>BOCA RATON FL</b>		City & State <b>BOCA RATON FL</b>	
Zip <b>33432</b>	Country <b>PAIN BEACH</b>	Zip <b>33432</b>	Country <b>PAIN BEACH</b>

4. FEI Number <b>59-2001060</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent <b>BISHOP, TERESA C MAHOGANY SERVICES, INC. 6700 NW BROKEN SOUND PKWY #203 BOCA RATON, FL 33487</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEND, GERALD 1000 CLIFTON AVE CLIFTON, NJ <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUCCI, FRANK 6895 WILLOWWOOD DR #1011 BOCA RATON FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIRKIN, SHEILA 6875 WILLOWWOOD DR #2045 BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POSNEK, HERBERT 6895 WILLOWWOOD DR #1074 BOCA RATON FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONE, ROBERT 6875 WILLOWWOOD DR #2062 BOCA RATON, FL 33434 <b>COLE</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, JOHN H. 6895 WILLOWWOOD DR #1051 BOCA RATON FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITT, MELVIN 6875 WILLOWWOOD DR #2014 BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELIAS, HOWARD 6875 WILLOWWOOD DR BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLAZER, DR NORMAN 804 SAMOA WAY LOUISVILLE, KY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**FRANK TUCCI**

**3-28-06 561997 0800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #