

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750242

FILED
Mar 31, 2009
Secretary of State

Entity Name: WILLOW WOOD MID-RISE CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

6895 WILLOW WOOD DRIVE - #1011
BOCA RATON, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

3901 N FEDERAL HWY
#202
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 59-2001060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'ANNA, RONALD E ESQ
2300 GLADES ROAD
SUITE 400 EAST TOWER
BOCA RATON, FL 33431 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: P () Delete
Name: TUCCI, FRANK
Address: 6895 WILLOWWOOD DR, # 1011
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: MIRKIN, SHEILA
Address: 6875 WILLOWWOOD DR #2045
City-St-Zip: BOCA RATON, FL 33434

Title: SD () Delete
Name: POSNER, HERB
Address: 6895 WILLOW WOOD DR #1074
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: FRIEND, GERRY
Address: 6895 WILLOW WOOD DR, 1043
City-St-Zip: BOCA RATON, FL 33434

Title: TD () Delete
Name: HOFFMAN, STEVEN
Address: 6875 WILLOW WOOD DR #2045
City-St-Zip: BOCA RATON, FL 33434

Title: VPD () Delete
Name: DANIELS, JOHN H
Address: 6895 WILLOWWOOD DR, # 1051
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
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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: FRANK TUCCI

PR

03/31/2009

Electronic Signature of Signing Officer or Director

Date