

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750413

FILED
Apr 07, 2009
Secretary of State

Entity Name: WILLOW POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10100 SEMINOLE ISLAND DRIVE
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

7300 PARK STREET
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-2157863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777 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: ESMONDE, PAM
Address: 10160 SEMINOLE ISLAND DRIVE
City-St-Zip: LARGO, FL 33773 US

Title: VP () Delete
Name: NILSSON, LAUREN
Address: 10162 SEMINOLE ISLAND DRIVE
City-St-Zip: LARGO, FL 33773 US

Title: S () Delete
Name: SCOTT, MARILYN
Address: 10222 SEMINOLE ISLAND DRIVE
City-St-Zip: LARGO, FL 33773 US

Title: T () Delete
Name: LEIDIG, RICHARD
Address: 10202 SEMINOLE ISLAND DRIVE
City-St-Zip: LARGO, FL 33773 US

Title: D () Delete
Name: CLEMENT, JAMES
Address: 10110 SEMINOLE ISLAND DRIVE
City-St-Zip: LARGO, FL 33773 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PRITCHARD, WILLIAM
Address: 10142 SEMINOLE ISLAND DRIVE
City-St-Zip: LARGO, FL 33773 US

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

Title: D (X) Change () Addition
Name: SCOTT, MARILYN
Address: 10222 SEMINOLE ISLAND DRIVE
City-St-Zip: LARGO, FL 33773 US

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

Title: S (X) Change () Addition
Name: ESMONDE, PAM
Address: 10160 SEMINOLE ISLAND DRIVE
City-St-Zip: LARGO, FL 33773 US

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: WILLIAM PRITCHARD

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date