

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752443

FILED
Apr 20, 2009
Secretary of State

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

Current Principal Place of Business:

6801 WILLOWWOOD DR
100
BOCA RATON, FL 334343531

New Principal Place of Business:

Current Mailing Address:

6801 WILLOWWOOD DR
100
BOCA RATON, FL 334343531

New Mailing Address:

FEI Number: 59-2001061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAM K. ISAACSON,
C/O LANG MANAGEMENT COMPANY, INC.
21045 COMMERCIAL TRAIL
BOCA RATON, FL 334861006 US

Name and Address of New Registered Agent:

ISAACSON, WILLIAM K
C/O LANG MANAGEMENT COMPANY, INC.
21045 COMMERCIAL TRAIL
BOCA RATON, FL 334861006 US

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: WILLIAM K ISAACSON

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, CHARLOTTE
Address: 6815 WILLOWWOOD DR. UNIT 4021
City-St-Zip: BOCA RATON, FL 33434

Title: P () Delete
Name: WHITEMAN, LEONORE
Address: 6815 WILLOWWOOD DR
City-St-Zip: BOCA RATON, FL

Title: S () Delete
Name: SERES, PHILLIP
Address: 6845 WILLOW WOOD DR, # 3011
City-St-Zip: BOCA RATON, FL 33434

Title: T () Delete
Name: SCHEINFELD, JOSEPH
Address: 6815 WILLOA WOOD DR 4066
City-St-Zip: BOCA RATON, FL 33434

Title: VPD () Delete
Name: CORREA, LOUIS
Address: 6845 WILLOW WOOD DR STE 3012
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEPOLSTAT, MAXINE
Address: 6815 WILLOWWOOD DR.
City-St-Zip: BOCA RATON, FL 33434

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
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: LEONORE WHITEMAN

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date