

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 756035

FILED  
Oct 23, 2009  
Secretary of State

**Entity Name:** WILLOW WOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PATRICIA & SCOTTSDALE  
129 PATRICIA AVE  
DUNEDINE, FL 34698 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 206  
DUNEDIN, FL 346977206 US

**New Mailing Address:**

**FEI Number:** 59-2467446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GEORGE, LUCIA  
222 SOMERSET CIR, N  
DUNEDIN, FL 34968 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: LUCIA M. GEORGE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: GEORGE, LUCIA  
Address: 222 SOMERSET CIRCLE NORTH  
City-St-Zip: DUNEDIN, FL 34698

Title: D (X) Delete  
Name: WOODWARD, DEBORAH  
Address: 152 DEVON CT  
City-St-Zip: DUNEDIN, FL 34968

Title: D ( ) Delete  
Name: MAUER, CHRIS  
Address: 155 THISTLE CT.  
City-St-Zip: DUNEDIN, FL 34698

Title: DP ( ) Delete  
Name: LAUCK, IRENE  
Address: 235 SOMERSET CIR N  
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete  
Name: SAGAN, CHARLOTTE  
Address: 1113 SOMERSET CIR N  
City-St-Zip: DUNEDIN, FL 34698

**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  
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: LUCIA M. GEORGE

Electronic Signature of Signing Officer or Director

D/PR

10/23/2009

Date