


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # 758084 1. Entity Name WILLOW WOOD TOWNHOME VILLAS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1109 SOMESET CIR S DUNEDIN, FL 34698 US	Mailing Address 1109 SOMESET CIR S DUNEDIN, FL 34698 US
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2563968	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEE, VIRGINIA L 1109 SOMERSET CIR S DUNEDIN, FL 34698

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000783900 01/16/08-80034-012 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIVESTEA, CHRISTINE 1115 SOMERSET CIR DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEE, VIRGINIA S 1109 SOMERSET CIR S DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE, GINNY 1109 SOMERSET CIR S. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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  Sec/Treas <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-10-08 <small>Date</small>	727 734-5051 <small>Daytime Phone #</small>
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