2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# 769274

Entity Name: THE WILLOWS FIRST ADDITION HOMEOWNERS ASSOCIATION ,INC.

Current Principal Place of Business:

P.O. BOX 618539
ORLANDO, FL 32861

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 618539
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 59-2359367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLS, PAULA
218 S LAKE CORTEZ DRIVE
APOPKA, FL 32713 US

Name and Address of New Registered Agent:

PRIMAC REALTY, INC
2755 BORDER LAKE RD
SUITE 107
APOPKA, FL 32703 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: PAULA WELLS 04/11/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SMITH, ANN
Address: 8603 SNOWFIRE DRIVE
City-St-Zip: ORLANDO, FL 32818 US

Title: D ( ) Delete
Name: REICHEL, CATHY
Address: 114 PINEAPPLE CT
City-St-Zip: LONGWOOD, FL 32750 US

Title: D ( ) Delete
Name: ELLIS, KATHY
Address: 7945 CHARTREUX LANE
City-St-Zip: MAITLAND, FL 32751 US

Title: D ( ) Delete
Name: THOMPSON, AMOS
Address: 8603 SNOW FIRE DRIVE
City-St-Zip: ORLANDO, FL 32818 US

Title: D ( ) Delete
Name: MUELLER, DUWAYNE
Address: 2900 WESTERN WILLOW TERR
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: LABOSSIERE, BERNARD
Address: 13438 SUMMERTON DRIVE
City-St-Zip: ORLANDO, FL 32824 US

Title: D (X) Change ( ) Addition
Name: BIEBERLE, DARDA
Address: 2606 MANDAN TRAIL
City-St-Zip: WINTER PARK, FL 32789 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANN SMITH D 04/11/2006
Electronic Signature of Signing Officer or Director Date