

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769274

FILED  
Apr 02, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2755 BORDER LAKE ROAD  
107  
APOPKA, FL 32703

**New Principal Place of Business:**

218 S. LAKE CORTEZ DRIVE  
APOPKA, FL 32703

**Current Mailing Address:**

2755 BORDER LAKE RD  
107  
APOPKA, FL 32703

**New Mailing Address:**

218 S. LAKE CORTEZ DRIVE  
APOPKA, FL 32703

**FEI Number:** 59-2359367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRIMAC REALTY, INC  
2755 BORDER LAKE RD  
SUITE 107  
APOPKA, FL 32703 US

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

PRIMAC REALTY, INC  
218 S. LAKE CORTEZ DRIVE  
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

04/02/2009

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: LABOSSIERE, BERNARD  
Address: 13438 SUMMERTON DRIVE  
City-St-Zip: ORLANDO, FL 32824 US

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

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

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: ANN SMITH

RA

04/02/2009

Electronic Signature of Signing Officer or Director

Date