2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# L66287

Entity Name: WILLOW POINT OF LEE COUNTY, INC.

Current Principal Place of Business:

2219 RIVER RIDGE BLVD., S.E.
FORT MYERS, FL 33905 US

New Principal Place of Business:

2219 RIVER RIDGE BOULEVARD
FORT MYERS, FL 33905 US

Current Mailing Address:

2219 RIVER RIDGE BLVD., S.E.
FORT MYERS, FL 33905 US

New Mailing Address:

2219 RIVER RIDGE BOULEVARD
FORT MYERS, FL 33905 US

FEI Number: 65-0197263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRAYHORN, MICHAEL M.
5690 HARBORAGE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

STRAYHORN, MICHAEL M
5690 HARBORAGE
FORT MYERS, FL 33908 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: MICHAEL M. STRAYHORN 04/13/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: STRAYHORN, MICHAEL M, .
Address: 5690 HARBORAGE DR
City-St-Zip: FT. MYERS, FL 33908

Title: D (X) Delete
Name: STRAYHORN, MICHAEL M, .
Address: 5690 HARBORAGE DR
City-St-Zip: FT. MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: STRAYHORN, MICHAEL M
Address: 5690 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL 33908

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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL M. STRAYHORN P 04/13/2004
Electronic Signature of Signing Officer or Director Date