2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000992

FILED Apr 19, 2008 Secretary of State

Entity Name: WILLOW BROOK AT PARKER LAKES IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

CORNERSTONE ASSOCIATION 8359 BEACON BLVD STE 417 FORT MYERS, FL 33907

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC 11940 FAIRWAY LAKES DR. SUITE 04

FORT MYERS, FL 33913

Current Mailing Address:

New Mailing Address:

CORNERSTONE ASSOCIATION 8359 BEACON BLVD STE 417 FORT MYERS, FL 33907

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC

11940 FAIRWAY LAKES DR. SUITE 04

FORT MYERS, FL 33913

FEI Number: 65-0913359

FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NASSOIY, SHERRY K 8359 BEACON BLVD SUITE 417

FORT MYERS, FL 33907 US

NASSOIY, SHERRY

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

11940 FAIRWAY LAKES DRIVE SUITE 04

FORT MYERS, FL 33913 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.

Name:

SIGNATURE: SHERRY NASSOIY

04/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

(X) Change () Addition

VPD () Delete YONKURA, DONA L Name:

14531 DAFFODIL DR #1602 Address: City-St-Zip: FORT MYERS, FL 33919

Address: 14511 DAFFODIL DRIVE # 1408 City-St-Zip: FORT MYERS, FL 33919 US

BURNS, SUSAN

Title: DS () Delete

Title: (X) Change () Addition Name: BRUNETTI, JOY

BRUNETTI, JOY Name: Address: 14501 DAFFODIL DR #1202 City-St-Zip: FORT MYERS, FL 33919

Address: 14501 DAFFODIL DR #1202 City-St-Zip: FORT MYERS, FL 33919

Title: PTD () Delete WITCZAK, RUTH Name:

Title: (X) Change () Addition

14511 DAFFODIL DR #1403 Address: City-St-Zip: FORT MYERS, FL 33919

Name: YONKURA, DONA 14531 DAFFODIL DR #1602 Address: City-St-Zip: FORT MYERS, FL 33919

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: SHERRY NASSOIY RΑ 04/19/2008