


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90206 032 ****61.25

DOCUMENT # N00000004058 1. Entity Name WILLOUGHBY TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business C/O CASTLE MANAGEMENT, INC. P.O. BOX 189013 6421 CONGRESS AVE PLANTATION, FL 33318 <i>BOCA RATON, FL 33487</i>	Mailing Address AKAM SOUTH, INC. C/O CASTLE MANAGEMENT, INC. P.O. BOX 189013 6421 CONGRESS AVE PLANTATION, FL 33318 <i>BOCA RATON, FL 33487</i>
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54039019



04082004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1045909	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

**CASTLE MANAGEMENT, INC. AKAM SOUTH, INC.
4450 W. SUNRISE BLVD 6421 CONGRESS AVE
SUITE C-100 SUITE 110
PLANTATION, FL 33318 BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIBERA, RON Marilyn Rodriguez 4723 PINEMORE LANE 4927 PINEMORE LANE LAKE WORTH, FL 33463 Lake Worth, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARILYN, RODRIGUEZ Bob BROWN 4927 PINEMORE LANE 4668 Pine More Lane LAKE WORTH, FL 33463 Lake Worth, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DOYLE, SUSAN Stephanie Hay 4643 PINEMORE LANE 4779 PINEMORE LANE LAKE WORTH, FL 33463 Lake Worth, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/09/04** **561-649-**
0772 Daytime Phone #