

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90187 049 \*\*\*\*61.25

<b>DOCUMENT # N00000004058</b>					
<b>1. Entity Name</b> WILLOUGHBY TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461 US			<b>Mailing Address</b> ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03282007 Chg-NP CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461				<b>7. Name and Address of New Registered Agent</b>	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> WAGONER, JACQUELINE	<input type="checkbox"/> Delete	<b>TITLE</b> PD	<b>NAME</b> Marilyn Rodriguez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4867 PINEMORE LANE	LAKE WORTH, FL 33463		<b>STREET ADDRESS</b> 4927 Pinemore Lane	Lake Worth, FL 33463	
<b>CITY-ST-ZIP</b> LAKE WORTH, FL 33463			<b>CITY-ST-ZIP</b> Lake Worth, FL 33463		
<b>TITLE</b> VD	<b>NAME</b> RODRIGUEZ, MARILYN	<input type="checkbox"/> Delete	<b>TITLE</b> VD	<b>NAME</b> Barbara Meyers	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4927 PINEMORE LANE	LAKE WORTH, FL 33463		<b>STREET ADDRESS</b> 4703 Pinemore Lane	Lake Worth, FL 33463	
<b>CITY-ST-ZIP</b> LAKE WORTH, FL 33463			<b>CITY-ST-ZIP</b> Lake Worth, FL 33463		
<b>TITLE</b> SD	<b>NAME</b> MEYERS, BARBARA	<input type="checkbox"/> Delete	<b>TITLE</b> SD	<b>NAME</b> Lucienne Brecia	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4703 PINEMORE LANE	LAKE WORTH, FL 33463		<b>STREET ADDRESS</b> 4615 Pinemore Lane	Lake Worth, FL 33463	
<b>CITY-ST-ZIP</b> LAKE WORTH, FL 33463			<b>CITY-ST-ZIP</b> Lake Worth, FL 33463		
<b>TITLE</b> TD	<b>NAME</b> BRESIA, LUCIENNE	<input type="checkbox"/> Delete	<b>TITLE</b> TD	<b>NAME</b> Jacqueline Wagoner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4615 PINEMORE LANE	LAKE WORTH, FL 33463		<b>STREET ADDRESS</b> 4867 Pinemore Lane	Lake Worth, FL 33463	
<b>CITY-ST-ZIP</b> LAKE WORTH, FL 33463			<b>CITY-ST-ZIP</b> Lake Worth, FL 33463		
<b>TITLE</b> PD	<b>NAME</b> POSILICO, ROBERT J	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4667 PINEMORE LANE	LAKE WORTH, FL 33463		<b>STREET ADDRESS</b> 	CITY-ST-ZIP	
<b>CITY-ST-ZIP</b> LAKE WORTH, FL 33463			<b>CITY-ST-ZIP</b> 		
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	CITY-ST-ZIP		<b>STREET ADDRESS</b> 	CITY-ST-ZIP	
<b>CITY-ST-ZIP</b> 			<b>CITY-ST-ZIP</b> 		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <i>Marilyn Rodriguez as President</i> <span style="float: right;">4/04/07</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

RECEIVED  
APR 13 2007

CIU-REV/ADM