

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004058

FILED  
Feb 15, 2012  
Secretary of State

**Entity Name:** WILLOUGHBY TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

CAPITAL REALTY ADVISORS, INC  
600 SANDTREE DRIVE, STE. 109  
PALM BEACH GARDENS, FL 33403 US

**New Principal Place of Business:**

**Current Mailing Address:**

CAPITAL REALTY ADVISORS, INC  
600 SANDTREE DRIVE, STE. 109  
PALM BEACH GARDENS, FL 33403 US

**New Mailing Address:**

**FEI Number:** 65-1045909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCDONALD, DONNA  
CAPITAL REALTY ADVISORS, INC  
600 SANDTREE DRIVE, STE. 109  
PALM BEACH GARDENS, FL 33403 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MYERS, BARBARA  
Address: 4927 PINEMORE LANE  
City-St-Zip: LAKE WORTH, FL 33463

Title: VP  
Name: WAGONER, JACKIE  
Address: 4867 PINEMORE LANE  
City-St-Zip: LAKE WORTH, FL 33463

Title: TD  
Name: CAMERON, ROSE  
Address: 4684 PINEMORE LANE  
City-St-Zip: LAKE WORTH, FL 33463

Title: D  
Name: DOYLE, ED  
Address: 4643 PINEMORE LANE  
City-St-Zip: LAKE WORTH, FL 33463

Title: S  
Name: CAFONE, MARY ANN  
Address: 4599 PINEMORE LANE  
City-St-Zip: LAKE WORTH, FL 33463

I hereby 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 all other like empowered.

**SIGNATURE:** BARBARA MYERS

PD

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date