

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90069 018 ****61.25

DOCUMENT # N00000004060					
1. Entity Name WILLOUGHBY ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business AKAM SOUTH, INC. 6421 CONGRESS AVE., STE. 110 BOCA RATON, FL 33487			Mailing Address AKAM SOUTH, INC. 6421 CONGRESS AVE., STE. 110 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # Assoc. Property Mgmt Suite, Apt. #, etc. 1928 Lake Worth Rd City & State Lake Worth, FL Zip 33461 Country USA		3. Mailing Address Assoc. Property Mgmt Suite, Apt. #, etc. 1928 Lake Worth Rd City & State Lake Worth, FL Zip 33461 Country USA			
4. FEI Number 65-1045907				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 AKAM SOUTH, INC. 6421 CONGRESS AVE. STE. 110 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Associated Property Management Street Address (P.O. Box Number is Not Acceptable) 1928 Lake Worth Road City Lake Worth FL Zip Code 33461		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> Agent </div> <div style="width: 20%; text-align: right;"> DATE: 3/28/07 </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, DAVE 6244 WILLOUGHBY CR. LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURNS, ADAM 6284 WILLOUGHBY CIRCLE LAKE WORTH, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HASKELL, TIMOTHY 6288 WILLOUGHBY CIR. LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRANISON, APRYL 6356 WILLOUGHBY CR. LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Apryl Granison 6356 Willoughby Circle Lake Worth, FL 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, CHERYL 6384 WILLOUGHBY CIR LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cheryl Scott 6389 Willoughby Circle Lake Worth, FL 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patricia Trejo 6304 Willoughby Circle Lake Worth, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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 the officer 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 the report, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Pres.)		DATE: 3/30/07	
APR 04 2007				RECEIVED CIU REV/ADM	