2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N00000004060

Entity Name: WILLOUGHBY ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1045907 **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
WEST PALM BEACH, 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 ( ) Delete
Name: ROBINSON, DAVE
Address: 6244 WILLOUGHBY CR.
City-St-Zip: LAKE WORTH, FL 33463

Title: V ( ) Delete
Name: HASKELL, TIMOTHY
Address: 6288 WILLOUGHBY CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: SD ( ) Delete
Name: GRANISON, APRYL
Address: 6356 WILLOUGHBY CR.
City-St-Zip: LAKE WORTH, FL 33463

Title: TD ( ) Delete
Name: SCOTT, CHERYL
Address: 6389 WILLOUGHBY CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete
Name: FLEISCHER, ROBERTA
Address: 6384 WILLOUGHBY CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVE ROBINSON PRES 04/13/2009
Electronic Signature of Signing Officer or Director — Date