2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007954

FILED Jan 04, 2008 Secretary of State

Entity Name: WILLOW POND/VOLUSIA COUNTY CHAPTER #5319 OF AARP, INC.

Current Principal Place of Business: New Principal Place of Business: 875 WILMETTE AVE, CLUBHOUSE APT. #705 ORMOND BEACH, FL 321749518 **New Mailing Address: Current Mailing Address:** 47 COQUINA RIDGE WAY ATTN: DON WASSON ORMOND BEACH, FL 32174 FEI Number: 52-2262213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERERA, P.A 1840 CORAL WAY, 4TH FLOOR DAYTONA BEACH, FL 32114 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FERGUSON, WILLIAM POTECT, SHIRLEY Name: Name: 1508 VIRGINIA AVE #111A Address: 1325 FLEMING AVE LOT 231 Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DAYTONA BEACH, FL 32114 Title: () Delete Title: **VPRE** (X) Change () Addition LESCH, GREGORY Name: MIOZZA, JULIET Name: Address: 308 GATEWOOD CT Address: 42 MEADOW BROOK LANE City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 Title: Title: SECT (X) Change () Addition () Delete LESCH, PAT LESCH, PAT Name: Name: 308 GATEWOOD CT Address: Address: 308 GATEWOOD CT City-St-Zip: ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 City-St-Zip: Title: () Delete Title: TREA (X) Change () Addition Name: WASSON, DON Name: WASSON, DONALD 47 COQUINA RIDGEWAY Address: Address: 47 COQUINA RIDGEWAY ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: () Change () Addition GLASS, BOB Name: Name: 875 WILMETTE AVE #701 Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 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: DONALD M. WASSON TREA 01/04/2008