

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004159

FILED
Apr 14, 2007
Secretary of State

Entity Name: WILLOW LAKE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

1799-B N BELCHER RD
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14357
CLEARWATER, FL 33766

New Mailing Address:

FEI Number: 59-3726435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMERI-TECH REALTY, INC.
1799-B NORTH BELCHER RD.
CLEARWATER, FL 33765 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: VPD () Delete
Name: NIZNIK, GARY
Address: 6400 46TH AVE N #115
City-St-Zip: KENNETH CITY, FL 33709

Title: PD () Delete
Name: URSO, DOLORES
Address: 6400-46TH AVE NORTH #207
City-St-Zip: KENNETH CITY, FL 33709

Title: SD () Delete
Name: LEAL, DENICE
Address: 6400-46TH AVE NORTH #309
City-St-Zip: KENNETH CITY, FL 33709

Title: D () Delete
Name: DECAPRIA, BOBBY
Address: 6400-46TH AVE NORTH #1
City-St-Zip: KENNETH CITY, FL 33709

Title: D () Delete
Name: VIEIRA, PAULA
Address: 6400 46TH AVE N. #62
City-St-Zip: KENNETH CITY, FL 33709

Title: D () Delete
Name: DENIS, TRISH ST
Address: 6400-46TH AVE NORTH #32
City-St-Zip: KENNETH CITY, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEE, JAMES
Address: 6400 46TH AVE N #08
City-St-Zip: KENNETH CITY, FL 33709

Title: VPD (X) Change () Addition
Name: URSO, DOLORES
Address: 6400-46TH AVE NORTH #207
City-St-Zip: KENNETH CITY, FL 33709

Title: D (X) Change () Addition
Name: LEAL, BOB
Address: 6400-46TH AVE NORTH #309
City-St-Zip: KENNETH CITY, FL 33709

Title: TD (X) Change () Addition
Name: KEANE, SHIELA
Address: 6400-46TH AVE NORTH #217
City-St-Zip: KENNETH CITY, FL 33709

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 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: JAMES LEE

PD

04/14/2007

Electronic Signature of Signing Officer or Director

Date