


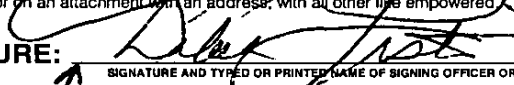


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90408 009 ****70.00

DOCUMENT # N01000005454 1. Entity Name WILLOW LAKE TOWNHOMES OWNERS' ASSOCIATION, INC.					
Principal Place of Business 30 CAMELIA CT. OLDSMAR, FL 34677			Mailing Address 30 CAMELIA CT. OLDSMAR, FL 34677		
2. Principal Place of Business 1799-B N. Belcher Rd Suite, Apt. #, etc.		3. Mailing Address 1799-B N. Belcher Rd Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">14013942</div> 	
City & State Clearwater, FL		City & State Clearwater, FL		4. FEI Number 59-3752500	
Zip 33765		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DHALIWALL, JOGINDER S 30 CAMELIA CT. OLDSMAR, FL 34677				7. Name and Address of New Registered Agent Name AMERI-TECH REALTY INC Street Address (P.O. Box Number is Not Acceptable) 1799-B North Belcher Road City Clearwater FL Zip Code 33765	
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;"> <div> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: center;"> <div style="font-weight: bold;">04/04/2005</div> <div> Michael G Perez, President (727) 726-8000 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div> <div> DATE <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		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 DHALIWALL, JOGINDER S 30 CAMELIA CT. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Anette Kendall 6400 - 46th Ave North #29 Kenneth City, FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DHALIWALL, HARPAUL 30 CAMELIA CT. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Debra Lista 6400 - 46th Ave North #16 Kenneth City, FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DHALIWALL, JEAN L 30 CAMELIA CT. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Linda Phillips 6400 - 46th Ave North #15 Kenneth City, FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  President X 4/28/05 - 727 726-8000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					