

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90062 011 ****61.25

DOCUMENT # N01000007827

1. Entity Name
WILLOWBEND COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**LIGHTHOUSE MANAGEMENT
16 CHURCH STREET
OSPREY, FL 34229**

Mailing Address
**LIGHTHOUSE MANAGEMENT
16 CHURCH STREET
OSPREY, FL 34229**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
04-3604668

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASAKURA, KEN
518 LUMINARY BLVD
OSPREY, FL 34229**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$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 **D** ☒ Delete
NAME **MALKASIAN, MALK**
STREET ADDRESS **678 CRANE PRARIE WAY**
CITY-ST-ZIP **OSPREY, FL 34229**

TITLE **VP** ☐ Change ☒ Addition
NAME **GEORGE DELLOS**
STREET ADDRESS **1337 THORNAPPLE DR.**
CITY-ST-ZIP **OSPREY FL. 34229**

TITLE **P** ☐ Delete
NAME **SHONEGG, ES**
STREET ADDRESS **584 CRANE PRAIRIE WAY**
CITY-ST-ZIP **OSPREY, FL 34229**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **X** ☐ Delete
NAME **RIVLIN, RACHEL**
STREET ADDRESS **514 LUMINARY BLVD**
CITY-ST-ZIP **OSPREY, FL 34229**

TITLE **BOARD MEMBER** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ASAKURA, KEN**
STREET ADDRESS **518 LUMINARY BLVD**
CITY-ST-ZIP **OSPREY, FL 34229**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **KEITH, J.C.**
STREET ADDRESS **16 CHURCH ST**
CITY-ST-ZIP **OSPREY, FL 34229**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **WEIS, ELIZABETH**
STREET ADDRESS **1327 THORNAPPLE DR**
CITY-ST-ZIP **OSPREY, FL 34229**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **KEN LINDBERG**
STREET ADDRESS **562 CRANE PRAIRIE WAY**
CITY-ST-ZIP **OSPREY, FL. 34229**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #