

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 20, 2009
Secretary of State

DOCUMENT# N01000007827

Entity Name: WILLOWBEND COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**LIGHTHOUSE MANAGEMENT
16 CHURCH STREET
OSPREY, FL 34229**New Principal Place of Business:****Current Mailing Address:**LIGHTHOUSE MANAGEMENT
16 CHURCH STREET
OSPREY, FL 34229**New Mailing Address:****FEI Number:** 04-3604668**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SANDERS, MICHAEL
510 LUMINARY BLVD
OSPREY, FL 34229 US**Name and Address of New Registered Agent:**CRIST, LUCILLE
597 CRANE PRAIRIE WAY
OSPREY, FL 34229 US

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: LUCILLE CRIST

05/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: DELLOS, GEORGE
Address: 1337 THORNAPPLE DR
City-St-Zip: OSPREY, FL 34229**Title:** VP () Delete
Name: DURAND, DOUG
Address: 1330 THORNAPPLE DR.
City-St-Zip: OSPREY, FL 34229**Title:** TR () Delete
Name: SANDER, MICHAEL DR.
Address: 510 LUMINARY BLVD
City-St-Zip: OSPREY, FL 34229**Title:** S () Delete
Name: LINDBERG, KEN
Address: 562 CRANE PRAIRIE WAY
City-St-Zip: OSPREY, FL 34229**Title:** AS () Delete
Name: KEITH, LLOYD
Address: 16 CHURCH ST
City-St-Zip: OSPREY, FL 34229**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TR (X) Change () Addition
Name: CRIST, LUCILLE DR.
Address: 597 CRANE PRAIRIE WAY
City-St-Zip: OSPREY, FL 34229**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: KYANNE MERRILL

MNGR

05/20/2009

Electronic Signature of Signing Officer or Director

Date