

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007827

FILED
Apr 06, 2010
Secretary of State

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:

CRIST, LUCILLE
597 CRANE PRAIRIE WAY
OSPREY, FL 34229 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: S
Name: KLEIN, GARY
Address: 672 CRANE PRAIRIE WAY
City-St-Zip: OSPREY, FL 34229

Title: VP
Name: LEONARD, DUTCH
Address: 647 CRANE PRAIRIE WAY
City-St-Zip: OSPREY, FL 34229

Title: TR
Name: CRIST, LUCILLE DR.
Address: 597 CRANE PRAIRIE WAY
City-St-Zip: OSPREY, FL 34229

Title: P
Name: LINDBERG, KEN
Address: 562 CRANE PRAIRIE WAY
City-St-Zip: OSPREY, FL 34229

Title: AS
Name: KEITH, LLOYD
Address: 16 CHURCH ST
City-St-Zip: OSPREY, FL 34229

Title: D
Name: PICOZZI, TONY
Address: 658 CRANE PRAIRIE WAY
City-St-Zip: OSPREY, FL 34229

I hereby 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 all other like empowered.

SIGNATURE: KYANNE MERRILL

MNGR

04/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date