# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 05, 2006**
**Secretary of State**

DOCUMENT# N01195

**Entity Name:** WILLOW POND LANE ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number: 59-2481189** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR
SENTRY MGMT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 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: PD ( ) Delete
Name: RAINES, PATRICIA F
Address: 114 WILLOW POND LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD ( ) Delete
Name: SAMUELS, WYN
Address: 130 WILLOW POND LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: STD ( ) Delete
Name: GOLDEN, VALERIE
Address: 142 WILLOW POND LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: WRIGHT, JANE
Address: 126 WILLOW POND LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: KTISTAKIS, MICHAEL
Address: 129 WILLOW POND LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: RAINES, ALLEN O
Address: 114 WILLOW POND LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD (X) Change ( ) Addition
Name: WACHT, ADAM
Address: 101 WILLOW POND LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD (X) Change ( ) Addition
Name: GOLDEN, VALERIE
Address: 142 WILLOW POND LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD (X) Change ( ) Addition
Name: WRIGHT, JANE
Address: 126 WILLOW POND LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: ALLEN O RAINES PD 04/05/2006

Electronic Signature of Signing Officer or Director — Date