

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01195

FILED
Mar 10, 2009
Secretary of State

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 MANAGEMENT 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, ALLEN O
Address: 114 WILLOW POND LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD () Delete
Name: FRANKIEWICZ, MARIE
Address: 108 WILLOW POND LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TSD () Delete
Name: RUSSELL, TERRY
Address: 120 WILLOW POND LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: DISTEFANO, JOANNE
Address: 125 WILLOW POND LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: MESSMORE, SALLY
Address: 144 WILLOW POND LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALLEN O RAINES

PD

03/10/2009

Electronic Signature of Signing Officer or Director

Date