

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01436

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** THE GARDENS OF WILLOW BEND I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3825 MEED DRIVE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

3825 MEED DRIVE  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 59-2371613

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIREKTOR, KENNETH S.  
625 NORTH FLAGLER DRIVE  
7TH FLOOR  
W PALM BEACH, FL 33401 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: POMERANTZ, WILLIAM  
Address: 3546 ENGELWOOD DR #112  
City-St-Zip: LAKE WORTH, FL 33467

Title: VP (X) Delete  
Name: BUSSIERE, PAUL  
Address: 3546 ENGELWOOD DR #113  
City-St-Zip: LAKE WORTH, FL 33467

Title: SD ( ) Delete  
Name: BUSSIER, BEVERLY  
Address: 3546 ENGELWOOD DR #113  
City-St-Zip: LAKE WORTH, FL 33467

Title: T ( ) Delete  
Name: GORDON, HARRY  
Address: 3546 ENGLEWOOD DRIVE 111  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: ANTONIK, CAROL  
Address: 3528 FEATHERWOOD DR. 212  
City-St-Zip: LAKE WORTH, FL 33467

**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: T (X) Change ( ) Addition  
Name: GORDON, FRIEDA  
Address: 3546 ENGLEWOOD DRIVE 111  
City-St-Zip: LAKE WORTH, FL 33467

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: WILLIAM POMERANTZ

PRES

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date