

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000002666

1. Entity Name
**WILLOUGHBY CROSSROADS PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**819 SOUTH FEDERAL HWY.
SUITE 200
STUART, FL 34994**

Mailing Address
**P. O. BOX 899
STUART, FL 34995**

DO NOT WRITE IN THIS SPACE



01242008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
04-3740419

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORGAN, JAMES C
819 SOUTH FEDERAL HWY.
SUITE 200
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MORGAN, JAMES C
819 SOUTH FEDERAL HWY., SUITE 200
STUART, FL 34994**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SCHACHTER, MICHAEL
1025 MARTIN DOWNS BLVD
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
COHEN, JOHN
3145 MIRO DRIVE NORTH
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000803482
02/05/08-80026-025 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #