


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90557 032 \*\*\*\*61.25

**DOCUMENT # N03000002938**

1. Entity Name  
**WILLOW BEND AT COLONIAL I RESIDENTS' ASSOCIATION, INC.**



Principal Place of Business  
**C/O PULTE HOME CORPORATION  
 9148 BONITA BEACH ROAD STE 102  
 BONITA BEACH, FL 34135**

Mailing Address  
**C/O PULTE HOME CORPORATION  
 9148 BONITA BEACH ROAD STE 102  
 BONITA BEACH, FL 34135**



2. Principal Place of Business  
**c/o Integrated Property Mgmt.**

3. Mailing Address  
**c/o Integrated Property Mgmt.**

Suite, Apt. #, etc.  
**3435 - 10th Street N., #201**

Suite, Apt. #, etc.  
**3435 - 10th Street N., #201**

City & State  
**Naples, FL**

City & State  
**Naples, FL**

Zip  
**34103**

Country

Zip  
**34103**

Country

03282005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**56-2354652**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KEMPTON, STEVE  
 C/O PULTE HOME CORPORATION  
 9148 BONITA BEACH ROAD STE 102  
 BONITA BEACH, FL 34135**

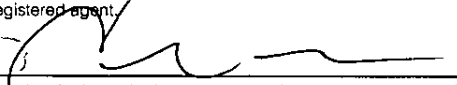
7. Name and Address of New Registered Agent

Name  
**Shields, Christopher J.**

Street Address (P.O. Box Number is Not Acceptable)  
**1833 Hendry Street**

City  
**Ft. Myers** **FL** Zip Code **33902**

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  DATE **4/12/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KEMPTON, STEVE 9148 BONITA BEACH ROAD STE 102 BONITA BEACH, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MEEKSON, W. MICHAEL 9148 BONITA BEACH ROAD STE 102 BONITA BEACH, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST RAY, LAURA 9148 BONITA BEACH ROAD STE 102 BONITA BEACH, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Tomlinson, Harry 9308 Independence Way Fort Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Phelon, Sue 9318 Independence Way Fort Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Prendergast, Patrick 9322 Independence Way Fort Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **04/08/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR