
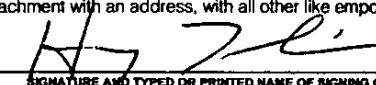


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90016 043 \*\*\*\*61.25

<b>DOCUMENT # N03000002938</b> 1. Entity Name <b>WILLOW BEND AT COLONIAL I RESIDENTS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N #201 NAPLES, FL 34103</b>			Mailing Address <b>C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N #201 NAPLES, FL 34103</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHIELDS, CHRISTOPHER J 1833 HENDRY STREET PO DRAWER 1507 FORT MYERS, FL 33902</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DST KLASS, JOHN <input checked="" type="checkbox"/> Delete		TITLE	DST Tomlinson, Harry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	9312 INDEPENDENCE WAY		NAME	9308 Independence Way	
STREET ADDRESS	FORT MYERS, FL 33913		STREET ADDRESS	Ft. Myers, FL 33913	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DVP CRAWFORD, BARBARA <input checked="" type="checkbox"/> Delete		TITLE	DVP Porterfield, Janet <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	9300 INDEPENDENCE WAY		NAME	9350 Independence Way	
STREET ADDRESS	FORT MYERS, FL 33913		STREET ADDRESS	Ft. Myers, FL 33913	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DP TOMLINSON, HARRY <input type="checkbox"/> Delete		TITLE	DST Wojtana, Joe <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9305 INDEPENDENCE WAY		NAME	9306 Independence Way	
STREET ADDRESS	FORT MYERS, FL 33913		STREET ADDRESS	Ft. Myers, FL 33913	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			3-14-08 239-561-6459		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		