2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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FILED Mar 17, 2004 8:00 am Secretary of State 03-04-2004 90010 022 ****70.00

DOCUMENT # N0300003876 1. Entity Name WILLOW LAKE TRAIL HOMEOWNERS ASSOCIATION, INC.						03-04	-2004 900	010 022 **	**70.00		
12825 S.E. SUZANNE DRIVE 128		12825	ng Address 125 S.E. SUZANNE DRIVE BE SOUND, FL 33455				66406468				
								EEEE 1911 EEH 143	A 640 DH 664		
Principal Place of Business 3. N		3. Mailin	Mailing Address								
Suite, Apt. #, etc.		Suite	Suite, Apr. #, etc.				01062004	Chg-NP	CR2E	037 (10/03)	
City & State		City & State			·· -		4. FEI Number 54-2	110605			optied For ot Applicable
Zip	Country	Zip		Cour	ntry		5. Certificate	of Status Desir	ed X	\$8.75 Add	
	B. Name and Address of Current	Registered	Agent				7. Name and	Address of N	ew Registere		
					Name		·				
MCNAMARA, JAMES R 12825 S.E. SUZANNE DRIVE HOBE SOUND, FL 33455			Ì	Street A	ddress (P.O. Box Numbe	er is Not Accep	table)			
	·			ļ	<u> </u>						
					City				F	L Zip Cod	le
	named entity submits this statement to tions of registered agent.	r the purpos	e of changing its re	gistere	ed office or	register	ed agent, or bol	h, in the State	of Florida. 1 a	m familiar with,	and accept
SIGNATURE.											
SIGNATURE.	Signature, typed or printed name of registered agent	end tide if applic	able. (NOTE: R	Registered	Agent signat	ne tednjuled	when reinstating)		DATI	E	
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	and title if applic	9, Election Camp Trust Fund Cor	aign Fi	inancing	The technical	\$5.00 May B Added to Fees	•	Make ch	eck payable to	
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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 for trustee empowered to execute this report as riquired 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:

SGRATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR
James R. McNamara, Vice President

2/25/04 772-546-5144

Daylime Phone #