

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

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000003876

1. Entity Name
**WILLOW LAKE TRAIL HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**12825 S.E. SUZANNE DRIVE
HOBE SOUND, FL 33455**

Mailing Address
**12825 S.E. SUZANNE DRIVE
HOBE SOUND, FL 33455**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2110605	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCNAMARA, JAMES R
12825 S.E. SUZANNE DRIVE
HOBE SOUND, FL 33455**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000200954
01/28/05-80049-004 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCNAMARA, LAWRENCE W
STREET ADDRESS	12825 S.E. SUZANNE DRIVE
CITY-ST-ZIP	HOBE SOUND, FL 33455

TITLE	PD
NAME	SANGEORGE, DAVID S JR.
STREET ADDRESS	12825 S.E. SUZANNE DRIVE
CITY-ST-ZIP	HOBE SOUND, FL 33455

TITLE	VPD
NAME	MCNAMARA, JAMES R
STREET ADDRESS	12825 S.E. SUZANNE DRIVE
CITY-ST-ZIP	HOBE SOUND, FL 33455

TITLE	STD
NAME	ROSS, KATHERINE
STREET ADDRESS	12825 S.E. SUZANNE DRIVE
CITY-ST-ZIP	HOBE SOUND, FL 33455

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James R. McNamara **James R. McNamara** 1/25/04 772-546-5144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #