

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90029 010 \*\*\*\*61.25

<b>DOCUMENT # N03000004850</b>			
<b>1. Entity Name</b> WILLOW LAKES HOMEOWNER'S ASSOCIATION, INC.			
<b>Principal Place of Business</b> 6352 SHADOW CREEK VILLAGE CIRCLE LAKEWORTH, FL 33463		<b>Mailing Address</b> 6352 SHADOW CREEK VILLAGE CIRCLE LAKEWORTH, FL 33463	
<b>2. Principal Place of Business - No P.O. Box #</b> Consolidated Community Mgmt. CCM Suite, Apt. #, etc. 10634 W McNab Rd. City & State Tamarac, FL 33321 Zip 33321 Country USA		<b>3. Mailing Address</b> Suite, Apt. #, etc. 10634 W. McNab Rd. City & State Tamarac, FL Zip 33321 Country USA	
<b>6. Name and Address of Current Registered Agent</b> FORMAN, KEN 6325 SHADOW CREEK VILLAGE CIRCLE LAKE WORTH, FL 33463		<b>7. Name and Address of New Registered Agent</b> Name <u>Rhonda Hollander PA</u> Street Address (P.O. Box Number is Not Acceptable) 1861 N Federal Hwy. #191 City <u>Hollywood</u> FL Zip Code <u>33020</u>	
<b>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.</b> SIGNATURE <u>Rhonda Hollander</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PD NAME SWINDELL, BRYAN STREET ADDRESS 2708 WILLOW LANE CITY-ST-ZIP LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Preston Williams STREET ADDRESS 2711 Willow Lane CITY-ST-ZIP LAUDERDALE, FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME RAHYN, CAROL STREET ADDRESS 3411 WILLOW COURT CITY-ST-ZIP LAUDERDALE, FL 33311	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME SEWELL, CYNTHIA STREET ADDRESS 2725 WILLOW LANE CITY-ST-ZIP LAUDERDALE, FL 33311	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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>			
<b>SIGNATURE:</b> <u>Cynthia Sewell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/5/07</u> Daytime Phone # <u>954-535-9117</u>	