2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# N03000004850

Entity Name: WILLOW LAKES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

CONSOLIDATED COMMUNITY MGMT
10034 W MCNAB RD
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

CONSOLIDATED COMMUNITY MGMT
10034 W MCNAB RD
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 20-1948468 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DICKER KRIVOK & STOLOFF PA
1818 AUSTRALIAN AVENUE S
SUITE 400
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: KING, SHAULA
Address: 2703 WILLOW LANE
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: T ( ) Delete
Name: WILLIAMS, ALPHANSO
Address: 3409 WILLOW COURT
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: PD ( ) Delete
Name: WILLIAMS, PRESTON
Address: 2711 WILLOWLANE
City-St-Zip: LAUDERDALE LAKES, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. WILLIAMS T 06/22/2009

Electronic Signature of Signing Officer or Director — Date