

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006267

FILED
May 03, 2007
Secretary of State

Entity Name: WILLOW GROVE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8045 WILLOW COURT
SEMINOLE, FL 33776

New Principal Place of Business:

8115 131ST ST N
SEMINOLE, FL 33776

Current Mailing Address:

8045 WILLOW COURT
SEMINOLE, FL 33776

New Mailing Address:

8115 131ST ST N
SEMINOLE, FL 33776

FEI Number: 20-0596621 **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:

SFERRAZZA, DAVID Z
8045 WILLOW COURT
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

ANDREWS, LUKE
8115 131ST ST N
SEMINOLE, FL 33776 US

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: LUKE ANDREWS

05/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SFERRAZZA, DAVID Z
Address: 8045 WILLOW COURT
City-St-Zip: SEMINOLE, FL 33776 US

Title: VP () Delete
Name: ONISHI, SHINZO
Address: 1484 SEA GULL DRIVE #208
City-St-Zip: PALM HARBOR, FL 34685

Title: T () Delete
Name: ANDREWS, LUKE
Address: 8115 131ST STREET
City-St-Zip: SEMINOLE, FL 33776

Title: S () Delete
Name: ANDREWS, DANA
Address: 8115 131ST STREET
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANDREWS, LUKE
Address: 8115 131ST ST N
City-St-Zip: SEMINOLE, FL 33776 US

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: LUKE ANDREWS

PD

05/03/2007

Electronic Signature of Signing Officer or Director

Date