
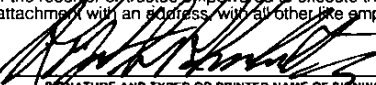


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 24 AM 8:03

DOCUMENT # N03000006332 1. Entity Name WILLOW BEND HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INCORPORATED					
Principal Place of Business EXECUTIVE MANAGEMENT SERVICES, INC. 644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301		Mailing Address EXECUTIVE MANAGEMENT SERVICES, INC. 644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 13089			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tallahassee FL		4. FEI Number 20-0110780	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32317		Country		6. Name and Address of Current Registered Agent RHINEHART, ROBERT S CAM 644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 3/21/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLANDER, ROBERT 1609A WILLOW BEND WAY TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Charles Peters 1490 Willow Bend Way Tallahassee FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARRIS, KAY PO 13991 TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director William McCluskey 390 Imaginary Rd Tallahassee FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, DAYLIN 1624-B WILLOW BEND WAY TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900120968209 03/24/08--01001--019 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGLETON, SEAN 638 E. COLLEGE AVE TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRYANT, CARLTON 1624 WILLOW BEND WAY TALLAHASSEE, FL 32301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRYANT, CARLTON 1624 WILLOW BEND WAY TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRYANT, CARLTON 1624 WILLOW BEND WAY TALLAHASSEE, FL 32301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 3/21/08 Date Daytime Phone #		