2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N03000006332

Entity Name: WILLOW BEND HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INCORPORATED

Current Principal Place of Business:

EXECUTIVE MANAGEMENT SERVICES, INC.
644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 13089
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 20-0110780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RHINEHART, ROBERT S
CAM
644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301 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:	D	( ) Delete
Name:	GILLANDER, ROBERT	
Address:	1609A WILLOW BEND WAY	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	PETERS, CHARLES	
Address:	1490 WILLOW BEND WAY	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	MCCLUSKEY, WILLIAM	
Address:	3901 IMAGINERY RD	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	P	( ) Delete
Name:	SINGLETON, SEAN	
Address:	638 E. COLLEGE AVE	
City-St-Zip:	TALLAHASSEE, FL 32304	
Title:	VP	( ) Delete
Name:	BRYANT, CARLTON	
Address:	1624 WILLOW BEND WAY	
City-St-Zip:	TALLAHASSEE, FL 32301	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	FIXEL, JOE	
Address:	C/O SANDRA MILLER 2004 SARA LEE LANE	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BRYANT, CARLTON	
Address:	1624 WILLOW BEND WAY	
City-St-Zip:	TALLAHASSEE, FL 32301	

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: ROBERT S. RHINEHART RA 03/20/2009

Electronic Signature of Signing Officer or Director — Date