## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010997

FILED Apr 30, 2007 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

1600 WEST COLONIAL DRIVE C/O GOODFELLOW & COMPANY ORLANDO, FL 32804

344 S WOODLAND BLVD DELAND, FL 32720

**Current Mailing Address:** New Mailing Address:

C/O 3344 S WOODLAND BLVD P.O. BOX 531010

DELAND, FL 32720 ORLANDO, FL 32853

FEI Number: 65-1222982 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THE MELROSE MANAGEMENT GROUP GOODFELLOW & COMPANY 344 S WOODLAND BLVD 1600 WEST COLONIAL DRIVE ORLANDO, FL 32804 DELAND, FL 328043272 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: NANCY GOODFELLOW 04/30/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete PONDER, GENE PONDER, GENE Name: Name:

431 DEANNA CIRCLE Address: 431 DEANNA CIRCLE Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32724

Title: () Delete Title: (X) Change ( ) Addition PARTINGTON, KIM REILLY, DELORES Name: Name:

Address: 437 DEANNA CIRCLE Address: 435 DEANNA CIRCLE City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32724

Title: () Delete Title: (X) Change ( ) Addition

KLINE, DENNIS Name: KLINE, DENNIS Name: 436 DEANNA CIRCLE 436 DEANNA CIRCLE Address: Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32724

Title: () Delete Title: ( ) Change (X) Addition

BRINKLEY, LINDA Name: Name: 438 DEANNA CIRCLE Address: Address: City-St-Zip: City-St-Zip: DELAND, FL 32724

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: DENNIS KLINE D 04/30/2007