

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010997

FILED
Oct 14, 2009
Secretary of State

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

Current Principal Place of Business:

C/O GOODFELLOW & COMPANY
344 S WOODLAND BLVD
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

C/O 3344 S WOODLAND BLVD
DELAND, FL 32720

New Mailing Address:

C/O 344 S WOODLAND BLVD
DELAND, FL 32720

FEI Number: 65-1222982 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:

GOODFELLOW & COMPANY, CPA, INC.
344 S WOODLAND BLVD
DELAND, FL 328043272 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: NANCY GOODFELLOW

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REILLY, DELORES
Address: 435 DEANNA CIRCLE
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: KLINE, DENNIS
Address: 436 DEANNA CIRCLE
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: BRINKLEY, LINDA
Address: 438 DEANNA CIRCLE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SIEREGA, ROBERT
Address: 417 DEANNA CIRCLE
City-St-Zip: DELAND, FL 32724

Title: D (X) Change () Addition
Name: MOORE, MARY
Address: 412 DEANNA CIRCLE
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: DOLORES REILLY

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10/14/2009

Electronic Signature of Signing Officer or Director

Date