

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 04, 2009
Secretary of State

DOCUMENT# N03702

Entity Name: WILLOWBROOK HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461**New Principal Place of Business:****Current Mailing Address:**ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461**New Mailing Address:****FEI Number:** 59-2453460**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STOLOFF, SCOTT A ESQ.
1818 AUSTRALIAN AVE. SOUTH #400
WEST PALM BEACH, FL 33409 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:** P () Delete
Name: GOMEZ, LARRY P
Address: 104 MEADOWS DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436**Title:** V () Delete
Name: LADD, BRIAN V
Address: 43 MEADOWS DR
City-St-Zip: BOYNTON BEACH, FL 33436**Title:** S () Delete
Name: BOLDUC, JOHN S
Address: 282 MEADOWS DR
City-St-Zip: BOYNTON BEACH, FL 33436**Title:** T () Delete
Name: CLARK, GAIL T
Address: 212 MEADOWS DR.
City-St-Zip: BOYNTON BEACH, FL 33436**Title:** D () Delete
Name: SANTA MARIA, CARLOS D
Address: 204 MEADOWS DR
City-St-Zip: BOYNTON BEACH, FL 33436**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: RONNEBERGER, JENNIFER D
Address: 51 MEADOWS DR
City-St-Zip: BOYNTON BEACH, FL 33436

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: JOHN MATH, APM

AGT

05/04/2009

Electronic Signature of Signing Officer or Director

Date