

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000000079

1. Entity Name
**WILLOW CREEK COMMERCIAL CENTER PROPERTY
OWNERS ASSOCIATION, INC.**



Principal Place of Business

**770 NORTH DR. SUITE A
MELBOURNE, FL 32934**

Mailing Address

**770 NORTH DR. SUITE A
MELBOURNE, FL 32934**



01172007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2444567

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JEFFERIES, BENJAMIN E
770 NORTH DRIVE
SUITE A
MELBOURNE, FL 32934**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000611092
02/02/07-80046-014 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JEFFERIES, BENJAMIN E
STREET ADDRESS	770 NORTH DRIVE SUITE A
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	STD
NAME	MINNEBOO, HENRY
STREET ADDRESS	770 NORTH DRIVE SUITE A
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	VD
NAME	WATSON, DUANE A
STREET ADDRESS	335 S PLUMOSA
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *By L. H.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07
Date

321-952-2414
Daytime Phone #