

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90018 021 \*\*\*\*70.00

**DOCUMENT # N04000002552**

1. Entity Name  
**WILLOW CHASE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**6009 BUSINESS BLVD  
SARASOTA, FL 34240**

Mailing Address  
**6009 BUSINESS BLVD  
SARASOTA, FL 34240**

**40035556**



02262008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0920917</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**THOMPSON, JOCE  
6009 BUSINESS BLVD  
SARASOTA, FL 34240**

**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, the registered agent.

SIGNATURE *Joce Thompson*

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/26/08*

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAGER, BILL 6009 BUSINESS BLVD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIE, CECILIA 6009 BUSINESS BLVD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T THOMPSON, JOCE 6009 BUSINESS BLVD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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 persons empowered.

**SIGNATURE:**

*Joce Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/26/08*

*941-922-3480*

*4203*