


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000006552</b>	
1. Entity Name <b>CONCERNED RESIDENTS OF WILLOUGHBY, INC.</b>	

Principal Place of Business <b>1500 SE CYPRESS GLEN WAY STUART, FL 34997</b>	Mailing Address <b>1500 SE CYPRESS GLEN WAY STUART, FL 34997</b>
---	---

**DO NOT WRITE IN THIS SPACE**



03302007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  <b>TOMARO, CHARLES C JR. 1500 SE CYPRESS GLEN WAY STUART, FL 34997</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	-----------------------------------

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 \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMARO, CHARLES C JR. 1500 SE CYPRESS GLEN WAY STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMPER, ROBERT J 1880 SE CYPRESS GLEN WAY STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNE, LINDA 1538 SE CYPRESS GLEN WAY STUART, FL 34997
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**

U00000691934  
04/13/07-80030-018 61.25

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:** Charles C. Tomaro Jr. - Director 4/2/07 772-283-2508  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #