

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009917

FILED  
Mar 11, 2010  
Secretary of State

**Entity Name:** WILLOW GROVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O DYNAMIC COMMUNITY MGMT. SERVICES, INC  
12240 SW 50TH STREET, SUITE 501  
COOPER CITY, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DYNAMIC COMMUNITY MGMT. SERVICES, INC  
12240 SW 50TH STREET, SUITE 501  
COOPER CITY, FL 33330 US

**New Mailing Address:**

**FEI Number:** 20-2150779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARFINKEL, KATZMAN  
1501 NORTHWEST 49TH STREET  
SUITE 202  
FT. LAUDERDALE, FL 33309 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:** PRES  
**Name:** HOLT, JOHN  
**Address:** 12240 SW 50TH STREET, SUITE 501  
**City-St-Zip:** COOPER CITY, FL 33330 US

**Title:** VP  
**Name:** BREEDEN, ROBERT  
**Address:** 12240 SW 50TH STREET, SUITE 501  
**City-St-Zip:** COOPER CITY, FL 33330 US

**Title:** SEC  
**Name:** ORTH, MONICA  
**Address:** 12240 SW 50TH STREET, SUITE 501  
**City-St-Zip:** COOPER CITY, FL 33330 US

**Title:** TREA  
**Name:** MAIER, PAUL  
**Address:** 4666 SW 75TH WAY  
**City-St-Zip:** DAVIE, FL 33314 US

**Title:** DIR  
**Name:** ALLBRIGHT, ANITA  
**Address:** 4625 SW 75TH WAY  
**City-St-Zip:** DAVIE, FL 33314 US

I hereby 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 all other like empowered.

**SIGNATURE:** MONICA ORTH

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03/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date