

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009917

FILED  
Mar 20, 2012  
Secretary of State

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

**Current Principal Place of Business:**

C/O M. POSTMAN MANAGEMENT, LLC  
8998 NW 39 STREET  
COOPER CITY, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O M. POSTMAN MANAGEMENT, LLC.  
P.O. BOX 291685  
DAVIE, FL 33329 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:**

THE LAW OFFICES OF KATZMAN, GARFINKEL & BE  
5297 WEST COPANS RD  
MARGATE, FL 33063 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: 100 GOODWIN CIRCLE  
City-St-Zip: HARTFORD, CT 06105 US

Title: VP  
Name: BREEDEN, ROBERT JR  
Address: 4641 SW 75TH WAY  
City-St-Zip: DAVIE, FL 33314 US

Title: S/T  
Name: ORTH, MONICA  
Address: 4633 SW75TH WAY  
City-St-Zip: DAVIE, FL 33314 US

Title: DIR  
Name: ALLBRIGHT, ANITA  
Address: 4625 SW 75 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: JOHN HOLT

PRES

03/20/2012

Electronic Signature of Signing Officer or Director

Date