


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

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90060 031 ****61.25

DOCUMENT # N05000010331 1. Entity Name WILLOW BEND HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.	
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Principal Place of Business 4776 NEW BROAD ST., SUITE 250 ORLANDO, FL 32814	Mailing Address 4776 NEW BROAD ST., SUITE 250 ORLANDO, FL 32814
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40110903



07092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3593333	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent POHL & SHORT, P.A. 280 W. CANTON AVE. SUITE 410 WINTER PARK, FL 32789	DO NOT WRITE IN THIS SPACE
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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 September 12, 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	D GODWIN, ROBERT H 4776 NEW BROAD ST., SUITE 250 ORLANDO, FL 32814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELOON, MELISSA 4776 NEW BROAD ST., SUITE 250 ORLANDO, FL 32814
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**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 like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-08 407-647-3811
Date Daytime Phone #