

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004842

FILED
Jan 18, 2008
Secretary of State

Entity Name: WILLOW OAK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

19921 N NEWBERRY RD
NEWBERRY, FL 32669

New Principal Place of Business:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

Current Mailing Address:

19921 N NEWBERRY RD
NEWBERRY, FL 32669

New Mailing Address:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

FEI Number: 20-2664254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, KEVIN
19921 N NEWBERRY RD
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

TRIPPE REALTY MANAGEMENT, INC
5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

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: PAT TRIPPE

01/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLEMAN, KEVIN
Address: 19921 N NEWBERRY RD
City-St-Zip: NEWBERRY, FL 32669

Title: VD () Delete
Name: HUDSON, JAMES
Address: 15471 NW 46TH LN
City-St-Zip: CHIEFLAND, FL 32626

Title: TD () Delete
Name: HUDSON, BRUCE
Address: 11801 SW 3RD AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: KEMPTON, JEFF
Address: 8100 NW 15TH PL
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KEVIN COLEMAN

PD

01/18/2008

Electronic Signature of Signing Officer or Director

Date