

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004842

FILED
Apr 25, 2009
Secretary of State

Entity Name: WILLOW OAK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 20-2664254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CONNER, SARAH AGENT
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: SARAH CONNER, AGENT

04/25/2009

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLEMAN, KEVIN
Address: 19921 N NEWBERRY RD
City-St-Zip: NEWBERRY, FL 32669

Title: VP (X) Change () Addition
Name: HUDSON, JAMES
Address: 15471 NW 46TH LN
City-St-Zip: CHIEFLAND, FL 32626

Title: T (X) Change () Addition
Name: HUDSON, BRUCE
Address: 11801 SW 3RD AVE
City-St-Zip: GAINESVILLE, FL 32607

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

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date