


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N06000008525**

1. Entity Name  
WILLOWBROOK CONDOMINIUM ASSOCIATION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 NOV 16 AM 11:55

Principal Place of Business  
3450 BUSCHWOOD PARK DRIVE STE 250  
TAMPA, FL 33618

Mailing Address  
3450 BUSCHWOOD PARK DRIVE STE 250  
TAMPA, FL 33618



2. Principal Place of Business - No P.O. Box #  
**2870 SCHERER DR. N**  
Suite, Apt. #, etc.  
**SUITE 100**  
City & State  
**ST. PETERSBURG, FL**  
Zip  
**33710**  
Country  
**USA**

3. Mailing Address  
**2870 SCHERER DR. N**  
Suite, Apt. #, etc.  
**SUITE 100**  
City & State  
**ST. PETERSBURG, FL**  
Zip  
**33710**  
Country  
**USA**

10162007 REIN-NP CR2E099 (1/07)

4. FEI Number  
**20-5861344**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CFRA, LLC  
4221 W BOY SCOUT BLVD  
TAMPA, FL 33607-5736

7. Name and Address of New Registered Agent  
Name **RONALD E. COTTERILL C/O WETHERINGTON, HAMILTON, HARRISON + FAIR P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1010 N FLORIDA AVE**  
City **TAMPA** FL Zip Code **33602**

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: Ronald E. Cotterill DATE: 11-7-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$61.25**  
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOND, KEVIN 9122 TOWN CENTER PKWY STE 108 BRANDON, FL 34202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <del>Walter</del> Warzeck, Matt 3450 Buschwood Park Dr. #250 Tampa, FL 33618	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PIPITONE, ANN 9122 TOWN CENTER PKWY STE 108 BRANDON, FL 34202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Chloe Firebaugh 3450 Buschwood Park Dr. #250 Tampa, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PARSON, MARK 9122 TOWN CENTER PKWY STE 108 BRANDON, FL 34202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Dan Edwards 3450 Buschwood Park Dr #250 Tampa, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400112351534 11/16/07--01005--002 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 11/20/07	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dan Edwards Daniel Edwards DATE: 10/23/07 (813) 261-3292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #