## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000005907

Apr 27, 2009 Secretary of State

Entity Name: WILLOWCOVE PARK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:** New Principal Place of Business:

C/O CENTEX HOMES 6972 LAKE GLORIA BLVD 12740 GRAN BAY PARKWAY SUITE 2300 ORLANDO, FL 328093200 US

JACKSONVILLE, FL 32258

**New Mailing Address: Current Mailing Address:** 

C/O CENTEX HOMES 6972 LAKE GLORIA BLVD 12740 GRAN BAY PARKWAY SUITE 2300 ORLANDO, FL 328093200 US

JACKSONVILLE, FL 32258

FEI Number: 26-1846340 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WICKER, SARAH LELAND MANAGEMENT INC C/O CENTEX HOMES 6972 LAKE GLORIA BLVD 12740 GRAN BAY PARKWAY SUITE 2300 ORLANDO, FL 328093200 US JACKSONVILLE, FL 32258 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: REBECCA FURLOW 04/27/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

HINTON, WESLEY B PEERY, JASON Name: Name: 12740 GRAN BAY PARKWAY SUITE 2300 Address: 12740 GRAN BAY PARKWAY SUITE 2300 Address:

City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: JACKSONVILLE, FL 32258

Title: Title: (X) Change ( ) Addition ( ) Delete Name: STAROSTA, DAVID M Name: WICKER, SARAH

Address: 12740 GRAN BAY PARKWAY SUITE 2300 Address: 12740 GRAN BAY PARKWAY SUITE 2300

City-St-Zip: JACKSONVILLE, FL 32258

JACKSONVILLE, FL 32258 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition PHILLIPS, ERIC Name: STRAROSTA, DAVID Name:

12740 GRAN BAY PARKWAY SUITE 2300 12740 GRAN BAY PARKWAY SUITE 2300 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: JACKSONVILLE, FL 32258

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: SARAH WICKER D 04/27/2009