


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90022 007 ****61.25

DOCUMENT # N07394
1. Entity Name
WILLOW BEND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2110 WASHINGTON AVE.
%JAMES A. TREDER, P. O. BOX 1294
TITUSVILLE FL 32781-8294**


Mailing Address
**TREDER, JAMES
2110 S WASHINGTON AVE
TITUSVILLE FL 32780
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-2645900** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**TREDER, ROBERTA A
2110 S. WASHINGTON AVE.
TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

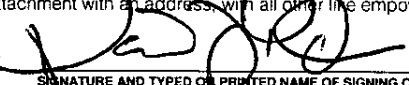
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, ROBI KELLEY 1514 S WASHINGTON AVE TITUSVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREDER, ROBERTA 2110 S WASHINGTON AVE TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREDER, DANIEL 2110 S. WASHINGTON AVE. TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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Handwritten: FILE 3/22/04 OK # 1163 R

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a address, with all other like empowered.

SIGNATURE:  **DANIEL TREDER** 3/22/04
Date Daytime Phone #