


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90012 037 ****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, ROBERTA 2110 S WASHINGTON AVE TITUSVILLE FL 32780 US**

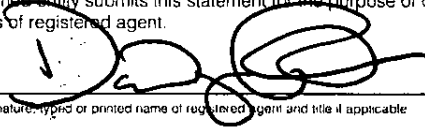


2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **Tredn Realty Inc**
 Suite, Apt. #, etc.: **2110 S. Washington Ave Ste B**
 City & State: **Titusville FL**
 Zip: **32780** Country: **Brevard**

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: **Daniel J. Tredew**
 Street Address (P.O. Box Number is Not Acceptable): **2110 S. Washington Ave Ste B**
 City: **Titusville** FL Zip Code: **32780**

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: **1/25/06**
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 Due By May 1, 2006

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	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, ROBI KELLEY	
STREET ADDRESS	1514 S WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TREDER, ROBERTA	
STREET ADDRESS	2110 S WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TREDER, DANIEL	
STREET ADDRESS	2110 S. WASHINGTON AVE.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: **1/25/06**