


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AK)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90015 014 ****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 REALTY IN 2110 S WASHINGTON AVE TITUSVILLE FL 32780 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2645900	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TREDER, DANIEL J 2110 S. WASHINGTON AVE. STE B TITUSVILLE FL 32780			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME ROBERTS, ROBI KELLEY		TITLE NAME		
STREET ADDRESS 1514 S WASHINGTON AVE	CITY ST ZIP TITUSVILLE FL		STREET ADDRESS CITY ST ZIP		
TITLE D	NAME TREDER, ROBERTA		TITLE NAME		
STREET ADDRESS 2110 S WASHINGTON AVE	CITY ST ZIP TITUSVILLE FL 32780		STREET ADDRESS CITY ST ZIP		
TITLE NAME	CITY ST ZIP		TITLE NAME		
STREET ADDRESS CITY ST ZIP	CITY ST ZIP		STREET ADDRESS CITY ST ZIP		
TITLE NAME	CITY ST ZIP		TITLE NAME		
STREET ADDRESS CITY ST ZIP	CITY ST ZIP		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: 3/6/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					