

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N07394</b> 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 # 2110 S. Washington Ave Suite Apt. #, etc. B	3. Mailing Address 2110 S. Washington Ave Suite Apt. #, etc. B	
City & State Titusville Florida	City & State Titusville Florida	4. FEI Number 59-2645900
Zip 32780	Country USA	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 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 <small>Signature typed or printed name of registered agent and title if applicable</small>		DATE 12/30/08
<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2009, Fee will be \$297.50		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD <input type="checkbox"/> Delete NAME ROBERTS, ROBI KELLEY STREET ADDRESS 1514 S WASHINGTON AVE CITY-ST-ZIP TITUSVILLE, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300141888973 01/23/09--01046--002 **297.50	
TITLE D <input type="checkbox"/> Delete NAME TREDER, ROBERTA STREET ADDRESS 2110 S WASHINGTON AVE CITY-ST-ZIP TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 12-30-08 <small>Daytime Phone #</small>

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