

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001880

FILED
Apr 30, 2009
Secretary of State

Entity Name: WILLOWBROOK LAKEFRONT PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

612 ORBY STREET
PENSACOLA, FL 32534

New Principal Place of Business:

2166 STAFF RD
CANTONMENT, FL 32533

Current Mailing Address:

612 ORBY STREET
PENSACOLA, FL 32534

New Mailing Address:

2166 STAFF RD
CANTONMENT, FL 32533

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIVEASH, SARA G
616 ORBY STREET
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

FIVEASH, SARA G
2166 STAFF RD
CANTONMENT, FL 32534 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:

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FIVEASH, PHILLIP R
Address: 612 ORBY STREET
City-St-Zip: PENSACOLA, FL 32534

Title: VP () Delete
Name: BAIRD, DEAN
Address: 606 ORBY STREET
City-St-Zip: PENSACOLA, FL 32534

Title: S,T () Delete
Name: FRANKLIN, JANE
Address: 649 DYE STREET
City-St-Zip: PENSACOLA, FL 32534

Title: D () Delete
Name: FIVEASH, JAMES B
Address: 616 ORBY STREET
City-St-Zip: PENSACOLA, FL 32534

Title: D () Delete
Name: BAIRD, DEAN
Address: 606 ORBY STREET
City-St-Zip: PENSACOLA, FL 32534

Title: P () Delete
Name: FIVEASH, PHILLIP R
Address: 612 ORBY STREET
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FIVEASH, JAMES B
Address: 2166 STAFF RD
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES B. FIVEASH

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date