

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N08052**

1. Entity Name

**WILLOWBROOK COVE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 570932  
ORLANDO FL 32857-7932

P.O. BOX 570932  
ORLANDO FL 32857-7932

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2487710**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, RAFAEL**  
**676 BABLONICA DRIVE**  
**ORLANDO FL 32807**

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

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, 2005**

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	DP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, RAFAEL	
STREET ADDRESS	676 BABLONICA DR	
CITY - ST - ZIP	ORLANDO FL 32807	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTIZ, ANGEL	
STREET ADDRESS	1001 WINDMILL GROVE CIRCLE	
CITY - ST - ZIP	ORLANDO FL 32828	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GESVALDI, ANNE	
STREET ADDRESS	655 BABLONICA DR	
CITY - ST - ZIP	ORLANDO FL 32807	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOBSON, DIANE	
STREET ADDRESS	5827 WILLOWLEAF COURT	
CITY - ST - ZIP	ORLANDO FL 32807	
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

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
U00000260881	
03/12/05-80043-008 61.25	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Rafael Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/18/05*