

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

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90022 020 ****61.25

DOCUMENT # N08052

1. Entity Name

WILLOWBROOK COVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 570932
ORLANDO FL 32857-7932

Mailing Address

P.O. BOX 570932
ORLANDO FL 32857-7932

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

RODRIGUEZ, RAFAEL
676 BABLONICA DRIVE
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name **Michael Gesualdi**
Street Address (P.O. Box Number is Not Acceptable)
311 N. Hampton Avenue
Orlando, Florida 32803
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, 2007

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 **DR D** ☐ Delete
NAME **RODRIGUEZ, RAFAEL**
STREET ADDRESS **676 BABLONICA DR**
CITY-STATE-ZIP **ORLANDO FL 32807**

TITLE **D** ☒ Delete
NAME **ORTIZ, ANGEL**
STREET ADDRESS **1001 WINDMILL GROVE CIRCLE**
CITY-STATE-ZIP **ORLANDO FL 32828**

TITLE **DR ST** ☐ Delete
NAME **GESUALDI, ANNE**
STREET ADDRESS **655 BABLONICA DR**
CITY-STATE-ZIP **ORLANDO FL 32807**

TITLE **D** ☐ Delete
NAME **DOBSON, DIANE**
STREET ADDRESS **5827 WILLOWLEAF COURT**
CITY-STATE-ZIP **ORLANDO FL 32807**

TITLE **DIRECTOR/PRESIDENT** ☐ Delete
NAME **MICHAEL GESUALDI**
STREET ADDRESS **311 N. Hampton Avenue**
CITY-STATE-ZIP **Orlando Florida 32803**

TITLE **D** ☐ Delete
NAME **IRIS (AKA DORIS ROMAN) ROMAN**
STREET ADDRESS **668 BABLONICA DRIVE**
CITY-STATE-ZIP **Orlando, Florida 32807**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **RAFAELA (AKA FANNIE) Sanchez**
STREET ADDRESS **623 BABLONICA DRIVE**
CITY-STATE-ZIP **ORLANDO, Florida 32807**

TITLE **D** ☐ Change ☐ Addition
NAME **MARIA Agosto**
STREET ADDRESS **629 BABLONICA DRIVE**
CITY-STATE-ZIP **Orlando, Florida 32807**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

[Signature] 2-20-07