## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08052

FILED Jan 18, 2008 Secretary of State

Entity Name: WILLOWBROOK COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
P.O. BOX 570932 DRLANDO, FL 328577932				996B E.MICHIGAN STRET ORLANDO, FL 32806 US		
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 570932 DRLANDO, FL 328577932				PO BOX 570932 ORLANDO, FL 328570932 US		
El Number	: 59-2487710	FEI Number Applied For()	FEI Number Not Appl	icable ( ) Certificate of Status Desi	red (X)	
Name and	d Address of Cui	rent Registered Agent:	Name and	Address of New Registered Agent	:	
B11 N HAI ORLAND(	,	s	996B E.MK ORLANDC	, MICHAEL CHIGAN STREET , FL 32806 US		
	e named entity sub e of Florida.	omits this statement for the p	urpose of changing i	s registered office or registered agen	t, or both,	
SIGNATURE:				01/18/2008		
	Electronic	Signature of Registered Age	nt	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Fitle: Name: Address: City-St-Zip:	D () De RODRIQUEZ, RAF 676 BABLONICA I ORLANDO, FL 32	AEL DR	Title: Name: Address: City-St-Zip:	()Change ()Addition		
ītle: lame: address: city-St-Zip:	D () De AGOSTO, MARIA 629 BABLONICA I ORLANDO, FL 32	DR .	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Fitle: Name: Address: Dity-St-Zip:	ST () De GESVALDI, ANNE 655 BABLONICA I ORLANDO, FL 32	DR .	Title: Name: Address: City-St-Zip:	ST (X) Change ( ) Addition RICHARDSON, ELLEN 996B E.MICHIGAN STREET ORLANDO, FL 32806		
=:41	D () De		Title: Name: Address:	D (X) Change ( ) Addition SANCHEZ, RAFAELA 623 BABLONICA DRIVE		
Fitle: Name: Address: Dity-St-Zip:	5827 WILLOWLE ORLANDO, FL 32		City-St-Zip:	ORLANDO, FL 32807		
lame: \ddress:		807 elete AEL AVE		ORLANDO, FL 32807  DP (X) Change ( ) Addition GESUALDI, MICHAEL J 996B E.MICHIGAN STREET ORLANDO, FL 32806		

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: MICHAEL J. GESUALDI DP 01/18/2008