

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08052

FILED
May 12, 2009
Secretary of State

Entity Name: WILLOWBROOK COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

996B E.MICHIGAN STREET
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 570932
ORLANDO, FL 328570932 US

New Mailing Address:

FEI Number: 59-2487710 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GESUALDI, MICHAEL
996B E.MICHIGAN STREET
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RODRIQUEZ, RAFAEL
Address: 676 BABLONICA DR
City-St-Zip: ORLANDO, FL 32807

Title: D () Delete
Name: AGOSTO, MARIA
Address: 629 BABLONICA DR
City-St-Zip: ORLANDO, FL 32807

Title: ST () Delete
Name: RICHARDSON, ELLEN
Address: 996B E.MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: SANCHEZ, RAFAELA
Address: 623 BABLONICA DRIVE
City-St-Zip: ORLANDO, FL 32807

Title: DP () Delete
Name: GESUALDI, MICHAEL J
Address: 996B E.MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: ROMAN, IRIS
Address: 668 BABLONICA DR
City-St-Zip: ORLANDO, FL 32807

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

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: MICHAEL J. GESUALDI

PRES

05/12/2009

Electronic Signature of Signing Officer or Director

Date