

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08558

FILED
Apr 12, 2009
Secretary of State

Entity Name: THE GARDENS OF WILLOW BEND II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3825 MEAD DR
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

3825 MEAD DR
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 59-2519895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA
500 AUSTRALIAN AVE SO
WEST PALM BEACH, FL 33401 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: PD () Delete
Name: BERNARD, SIMON
Address: 7844 WILLOW SPRING DR
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Delete
Name: SAL, ROSA
Address: 7844 WILLOW SPRING DR
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Delete
Name: ABRAMS, NORMAN
Address: 7843 WILLOW SPRING DR
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: SEELEY, LOIS
Address: 7853 WILLOW SPRING DR
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: PIETRI, CARLOS
Address: 7879 WILLOW SPRING DR
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: ABRAMS, NORMAN
Address: 7854 WILLOW SPRING DR
City-St-Zip: LAKE WORTH, FL 33467

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
Name:
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: BERNARD SIMON

PD

04/12/2009

Electronic Signature of Signing Officer or Director

Date