

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

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90205 047 ****61.25

DOCUMENT # N10670	
1. Entity Name WILLOW POND VILLAS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1007 WILLOW POND DR. SAFETY HARBOR FL 34695 US	Mailing Address 1008 WILLOW POND DR. SAFETY HARBOR FL 34695 US
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2. Principal Place of Business - No P.O. Box # 1006 Willow Pond Dr. Suite, Apt. #, etc. Safety Harbor Fl. City & State	3. Mailing Address 1008 Willow Pond Dr. Suite, Apt. #, etc. Safety Harbor Fl. City & State
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1st MOORE CR2E037 (10/06)

Zip 34695	Country USA	Zip 34695	Country USA
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4. FEI Number 59-3441769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ROBERTAILLE, BRENDA
1007 WILLOW POND DR
SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent

Name Sylvia Cartfield
Street Address (P.O. Box Number is Not Acceptable) 1006 Willow Pond Dr.
City Safety Harbor Fl.
City FL Zip Code 34695

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 *Sylvia Cartfield* 4/13/07
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, PATRICK 5 SUNNY POINT TERR OLDSMAR FL 34677	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLONPKER, LISA 1009 WILLOW POND DR SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DROJACK, JUDITH 1004 WILLOW POND DR SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lisa A Slonaker Lisa A. Slonaker 4-13-07 727-244-6556