

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

Mailing Address

1007 WILLOW POND DR.
SAFETY HARBOR FL 34695
US

1008 WILLOW POND DR.
SAFETY HARBOR FL 34695
US

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3441769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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.

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 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: D ☐ Delete
NAME: HOWARD, PATRICK
STREET ADDRESS: 5 SUNNY POINT TERR
CITY- ST- ZIP: OLDSMAR FL 34677

TITLE: D ☐ Delete
NAME: SLONPKER, LISA
STREET ADDRESS: 1009 WILLOW POND DR
CITY- ST- ZIP: SAFETY HARBOR FL 34695

TITLE: D ☐ Delete
NAME: DROJACK, JUDITH
STREET ADDRESS: 1004 WILLOW POND DR
CITY- ST- ZIP: SAFETY HARBOR FL 34695

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
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CITY- ST- ZIP:

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NAME:
STREET ADDRESS:
CITY- ST- 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:

Lisa A. Slonaker Lisa A. Slonaker

4-13-07 727-244-6556