2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N14422

Entity Name: WILLOW SPRINGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1162 INDIAN HILLS BLVD.
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

1162 INDIAN HILLS BLVD.
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 59-2802340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEYS CALDWELL, INC
1162 INDIAN HILLS BLVD.
VENICE, FL 34293 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:	TAYLOR, DAVE	
Address:	3156 WILLOW SPRINGS CIR.	
City-St-Zip:	VENICE, FL 34293	
Title:	SD	( ) Delete
Name:	HARRIS, JANE	
Address:	3164 WILLOW SPRINGS CIR	
City-St-Zip:	VENICE, FL 34293	
Title:	D	( ) Delete
Name:	YERICH, JACK	
Address:	3178 WILLOW SPRINGS CIR	
City-St-Zip:	VENICE, FL 34293	
Title:	D	( ) Delete
Name:	GERBER, DENNIS	
Address:	3165 WILLOW SPRINGS CIR	
City-St-Zip:	VENICE, FL 34293	
Title:	TD	( ) Delete
Name:	ROHLAND, BOB	
Address:	3016 COMMUNITY CENTER DRIVE	
City-St-Zip:	VENICE, FL 34293	
Title:	VD	( ) Delete
Name:	BEACH, JIM	
Address:	3162 WILLOW SPRINGS CIR	
City-St-Zip:	VENICE, FL 34293	

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: DAVID TAYLOR PD 04/20/2009

Electronic Signature of Signing Officer or Director — Date