

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90038 029 \*\*\*\*61.25

50027322.



03032005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N19184</b> 1. Entity Name <b>WILLOW WALK HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 609 WILLOW WALK PL ST. AUGUSTINE, FL 32086 US			Mailing Address 609 WILLOW WALK PL ST. AUGUSTINE, FL 32086		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2859520</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KALMUN, LEE</b> <b>544 WOOD CHASE DR.</b> <b>ST AUGUSTINE, FL 32086</b>			Name <b>ORR, JAMES</b> Street Address (P.O. Box Number is Not Acceptable) <b>3301 TURTLE CREEK RD</b> City <b>SAINT AUGUSTINE</b> <b>FL</b> Zip Code <b>32086</b>		
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 <b>JAMES ORR</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>MAWHINNEY, GUY</b> <b>541 WOOD CHASE DR.</b> <b>SAINT AUGUSTINE, FL 32086</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>LEE, KALMUN</b> <b>544 WOODCHASE DR</b> <b>SAINT AUGUSTINE, FL 32086</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>ORR, JAMES</b> <b>3301 TURTLE CREEK RD.</b> <b>SAINT AUGUSTINE, FL 32086</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>QUIGLEY, RAYMOND</b> <b>532 JEFFREY DR.</b> <b>SAINT AUGUSTINE, FL 32086</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>OLSEN, ANN</b> <b>545 WILLOW WALK PL</b> <b>SAINT AUGUSTINE, FL 32086</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LEWIS, CONNIE</b> <b>536 WOOD CHSE DR.</b> <b>SAINT AUGUSTINE, FL 32086</b>		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 exemption stated in Section 119.07(3)(i), 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: <b>GUY MAWHINNEY</b> <b>3/8/05</b> *904-797-2684 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT  
#N19184  
50027322



T

DEINHART, ALLAN J.  
504 JEFFREY DR.  
SAINT AUGUSTINE, FL 32086

D

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D

MERCER, RUTH  
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S

RYAN, JOSEPH A.  
3272 DEBRA CT.  
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