

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90017 021 \*\*\*\*61.25

<b>DOCUMENT # N19184</b> 1. Entity Name <b>WILLOW WALK HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>609 WILLOW WALK PL</b> <b>ST. AUGUSTINE, FL 32086</b>				Mailing Address <b>609 WILLOW WALK PL</b> <b>ST. AUGUSTINE, FL 32086</b>	
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>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ORR, JAMES</b> <b>3301 TURTLE CREEK</b> <b>SAINT AUGUSTINE, FL 32086</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u><i>JAMES ORR</i></u> <i>James Orr</i> <u>2-22-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		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	VP <b>MAWHINNEY, GUY</b> <b>541 WOOD CHASE DR</b> <b>SAINT AUGUSTINE, FL 32086</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DEINHART, ALLAN J.</b> <b>504 JEFFREY DR.</b> <b>SAINT AUGUSTINE, FL 32086</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ORR, JAMES</b> <b>3301 TURTLE CREEK RD.</b> <b>SAINT AUGUSTINE, FL 32086</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>AYAN, JOSEPH A.</b> <b>3272-DEBRA CT.</b> <b>SAINT AUGUSTINE, FL 32086</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>QUIGLEY, RAYMOND</b> <b>532 JEFFREY DR.</b> <b>SAINT AUGUSTINE, FL 32086</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEINHART, OLIVIA</b> <b>504 JEFFREY DR.</b> <b>SAINT AUGUSTINE, FL 32086</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LEWIS, CONNIE</b> <b>536 WOOD CHSE DR.</b> <b>SAINT AUGUSTINE, FL 32086</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MERCER, RUTH</b> <b>505 WILLOW BROOK ST.</b> <b>SAINT AUGUSTINE, FL 32086</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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 Chapter 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: <u><i>ALLAN J. DEINHART</i></u> <i>Allan J. Deinhart</i> <u>2-22-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					