

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19184

FILED
Jan 15, 2008
Secretary of State

Entity Name: WILLOW WALK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

609 WILLOW WALK PL
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

609 WILLOW WALK PL
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-2859520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUIGLEY, III, RAYMOND N
532 JEFFERY DR
SAINT AUGUSTINE, FL 32086 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: VP () Delete
Name: MAWHINNEY, GUY
Address: 541 WOOD CHASE DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: ORR, JAMES
Address: 3301 TURTLE CREEK RD.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: P () Delete
Name: QUIGLEY, III, RAYMOND
Address: 532 JEFFERY DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: LEWIS, CONNIE
Address: 536 WOOD CHSE DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: RYAN, JOSEPH A
Address: 3272 DEBRA CT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: MERCER, RUTH
Address: 505 WILLOW BROOK ST
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: MCLANE, JAMES
Address: 500 WILLOW WALK PLACE
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: JAMES MCLANE

TRES

01/15/2008

Electronic Signature of Signing Officer or Director

Date