2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N21668

1. Entity Name
THE WILLOWS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1401 DISSTON AVE CLERMONT, FL 34711	1401 DISSTON AVE CLERMONT, FL 34711

DO NOT WRITE IN THIS SPACE

01302006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2863362
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOWE, MARY LOU
1411 DISSTON AVE
CLERMONT, FL 34711

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000478217
04/07/06-80023-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CARTER, WILLIAM R
STREET ADDRESS	1419 DISSTON AVE.
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	DV
NAME	SEMPLE, PETER
STREET ADDRESS	1453 DISSTON AVENUE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	TAYLOR, WILLARD
STREET ADDRESS	1455 DISSTON AVE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	TD
NAME	LOWE, MARY LOU
STREET ADDRESS	1411 DISSTON AVE.
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	DS
NAME	ALBRECHT, CARLYN
STREET ADDRESS	1457 DISSTON AVENUE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	ZETTERLUND, LEIF
STREET ADDRESS	1437 DISSTON AVE.
CITY-ST-ZIP	CLERMONT, FL 34711

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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: Mary L. Lowe (MARY L. LOWE) 3/20/06 (352)242-6215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #