

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21668

FILED
Feb 10, 2009
Secretary of State

Entity Name: THE WILLOWS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1401 DISSTON AVE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1401 DISSTON AVE
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-2863362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOWE, MARY LOU
1411 DISSTON AVE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

NAVARRO, RITA TD
1423 DISSTON AVE
CLERMONT, FL 34711 US

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: RITA NAVARRO

02/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CARTER, WILLIAM R
Address: 1419 DISSTON AVE.
City-St-Zip: CLERMONT, FL 34711

Title: DV () Delete
Name: SEMPLE, PETER
Address: 1453 DISSTON AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: TAYLOR, WILLARD
Address: 1455 DISSTON AVE
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: LOWE, MARY LOU
Address: 1411 DISSTON AVE.
City-St-Zip: CLERMONT, FL 34711

Title: DS () Delete
Name: ALBRECHT, CARLYN
Address: 1457 DISSTON AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: ZETTERLUND, LEIF
Address: 1437 DISSTON AVE.
City-St-Zip: CLERMONT, FL 34711

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: D (X) Change () Addition
Name: TAYLOR, ETHEL
Address: 1455 DISSTON AVE.
City-St-Zip: CLERMONT, FL 34711

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: WILLIAM R. CARTER

DP

02/10/2009

Electronic Signature of Signing Officer or Director

Date