2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23036

FILED Mar 30, 2009 Secretary of State

Entity Name: WILLA LAKE PHASE ONE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

860 NORTH S.R.S 434 1034 WILLA LAKE CR. ALTAMONTE SPRINGS, FL 32714 US OVIEDO, FL 32765

Current Mailing Address: New Mailing Address:

860 NORTH S.R. 434 860 NORTH S.R.S 434

ALTAMONTE SPRINGS, FL 32714 US SUITE 1009

ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3067730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAMPBELL, MARILYN 860 NORTH S.R. 434 STE. 1009

OFFICERS AND DIRECTORS:

ALTAMONTE SPRINGS, FL 32714 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition LAWVER, LARRY LAWVER, LARRY Name: Name:

1000 WILLA LAKE CIR. Address: 1000 WILLA LAKE CIR. Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 US

Title: STD () Delete Title: (X) Change () Addition ZUBER, DAWN Name: ZUBER, DAWN Name:

Address: 1054 WILLA LAKE CIRCLE Address: 1054 WILLA LAKE CIRCLE

City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 US

Title: () Delete Title: (X) Change () Addition PARZYGNAT, PETER JESSEE, RAYMOND Name: Name:

1009 WILLA LAKE CIRCLE Address: Address: 1034 WILLA LAKE CIRCLE City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 US

() Delete Title: Title: (X) Change () Addition

Name: NAVE, JUAN B Name: NAVE, JUAN B 1051 WILLA LAKE CIR. Address: 1051 WILLA LAKE CIR. Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 US

Title: () Delete Title: (X) Change () Addition

KISSINGER, ROBERT KISSINGER, ROBERT Name: Name: 1023 WILLA LAKE CIRCLE 1023 WILLA LAKE CIRCLE Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 US

Title: () Delete Title: () Change (X) Addition RUSSELL, MIRIAM A MGR Name: Name:

Address: Address: 860 NORTH S.R. 434, SUITE 1009 ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: 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: MIRIAM A. RUSSELL MGR 03/30/2009