

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27049

FILED  
Mar 13, 2005  
Secretary of State

**Entity Name:** WILLOW WOOD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1211-G W HORATIO ST.  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

1211-G W HORATIO ST.  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

COOL, THOMAS P  
2566 REGAL RIVER RD  
VALRICO, FL 33594 US

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

COOL, THOMAS P  
5017 MUIR WAY  
LITHIA, FL 33547 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:

03/13/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BETSY WISHER,  
Address: 1211-B HORATIO ST  
City-St-Zip: TAMPA, FL

Title: TD ( ) Delete  
Name: COOL, TOM  
Address: 2566 REGAL RIVER RD  
City-St-Zip: VALRICO, FL 33594

Title: SD ( ) Delete  
Name: GREEN, JAY  
Address: 1211 F W. HORATIO ST  
City-St-Zip: TAMPA, FL 33606

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETSY L. SWISHER

PD

03/13/2005

Electronic Signature of Signing Officer or Director

Date