

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28252

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** WILLOW RUN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1065 MAITLAND CENTER COMMONS BLVD  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1038  
GOLDENROD, FL 32733

**New Mailing Address:**

**FEI Number:** 59-3021417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLEMM, RUSSELL E ESQ  
C/O CLAYTON & MCCULLOH  
1065 MAITLAND CENTER COMMONS BLVD  
MAITLAND, FL 32751 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: DT ( ) Delete  
Name: CAIN, TAMMY  
Address: 4212 VANITA CT.  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: PD ( ) Delete  
Name: DIXON, BETTY  
Address: 997 WILLOW RUN LANE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP ( ) Delete  
Name: PHELPS, BILL  
Address: 992 WITHERS RIN RD  
City-St-Zip: WINTER SPRINGS, FL 32708

**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 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: TAMMY CAIN

TREA

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date