2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90061 045 ****61.25

DOCUMENT # N29253

1. Entity Name
WILLOW CREEK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
987 PONDELLA RD N. FT. MYERS, FL 33903 US	987 PONDELLA RD N. FT. MYERS, FL 33903 US

04112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0130547 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HART, ESQ., THOMAS B 1625 HENDRY ST. FORT MYERS, FL 33901	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AMENO, ALBERT 13821 WILLOW RIDGE DR. NORTH FORT MYERS, FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Amend, Albert 13821 Willow Bridge Drive North Fort Myers, FL 33903-4290	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ZLEMICKI, JOSEPH 13661 FERN TR DR FORT MYERS, FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Ziemicki, Joseph 13661 Fern Trail Drive North Fort Myers, FL 33903-4290	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CONROD, MARY ANN 13442 FERH TRAIL DR FORT-MYERS, FL 33903	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Green, M. Carolyn 13651 Willow Bridge Drive North Fort Myers, FL 33903-4290	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GREEN, M. CAROLYN 13651 WILLOW BRIDGE DR. FORT MYERS, FL 33903	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Yeatter, Lisa 13772 Fern Trail Drive North Fort Myers, FL 33903-4290	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAUDER, KEITH 13751 FERN TRAIL DR. FORT MYERS, FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sauder, Keith 13751 Fern Trail Drive North Fort Myers, FL 33903-4290	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: M. Carolyn Green 4-12-05 239-652-0806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #