2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State
04-18-2007 90177 026 ****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

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01062007 No Chg-NP CR2E037 (4/06)

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

HART, ESQ., THOMAS B
1625 HENDRY ST.
FORT MYERS, FL 33901

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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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AMEND, GINNY
STREET ADDRESS	13821 WILLOW RIDGE DR.
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	VD
NAME	ZIEMICKI, JOSEPH
STREET ADDRESS	13661 FERN TR DR
CITY-ST-ZIP	FORT MYERS, FL 33903
TITLE	SD
NAME	~~YEATTER, LISA~~
STREET ADDRESS	~~13772 FERN TRAIL DR~~
CITY-ST-ZIP	~~NORTH FORT MYERS, FL 339034290~~
TITLE	P/D
NAME	SAUDER, KEITH
STREET ADDRESS	13751 FERN TRAIL DR.
CITY-ST-ZIP	FORT MYERS, FL 33903
TITLE	TREASURER-Director TD
NAME	CAROL PhelPS
STREET ADDRESS	13830 WILLOW BRIDGE DR
CITY-ST-ZIP	North FT Myers FL 33903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Keith B Sauder 3-22-2007 239-656-1015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #