

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29253

FILED
Apr 03, 2009
Secretary of State

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

Current Principal Place of Business:

987 PONDELLA RD
N. FT. MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

987 PONDELLA RD
N. FT. MYERS, FL 33903 US

New Mailing Address:

FEI Number: 65-0130547 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, ESQ., THOMAS B
1625 HENDRY ST.
FORT MYERS, FL 33901 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: D () Delete
Name: BLUE, ANNEMARIE
Address: 13482 FERN TRAIL DR
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VD () Delete
Name: ZIEMICKI, JOSEPH
Address: 13661 FERN TR DR
City-St-Zip: FORT MYERS, FL 33903

Title: P () Delete
Name: HAWES, KAREN
Address: 13650 WILLOW BRIDGE DR
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TD () Delete
Name: PHELPS, CAROL
Address: 13830 WILLOW BRIDGE DR
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: WRIGHT, MARIE
Address: 13752 FERN TR DR
City-St-Zip: FORT MYERS, FL 33903

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: CAROL PHELPS

TD

04/03/2009

Electronic Signature of Signing Officer or Director

Date