


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90204 018 \*\*\*\*61.25

<b>DOCUMENT # N29556</b> 1. Entity Name <b>WILLOW GATE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1554 WILLOW DALE SEBRING, FL 33872-1814</b>			Mailing Address <b>1554 WILLOW DALE SEBRING, FL 33872-1814 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02292008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2949576</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ELLIS, DALE E. 1626 WILLOW RUN SEBRING, FL 33872</b>				Name <b>MARCIA WALTERS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1555 WILLOW DALE</b> City <b>SEBRING</b> <b>FL</b> Zip Code <b>33872</b>	
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 <i>Marcia Walters</i> <b>MARCIA WALTERS</b> SECRETARY <b>02-29-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EVELAND, DEAN</b>		NAME		
STREET ADDRESS	<b>4409 WILLOW TRAIL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEBRING, FL 33872</b>		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PALMORE, ERVIN</b>		NAME		
STREET ADDRESS	<b>4405 WILLOW TRAIL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEBRING, FL 33872</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILKINS, MILLIE</b>		NAME		
STREET ADDRESS	<b>1608 WILLOW DALE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEBRING, FL 33872</b>		CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ELLIS, DALE E</b>		NAME	<b>ELLIS, DALE E</b>	
STREET ADDRESS	<b>1626 WILLOW RUN</b>		STREET ADDRESS	<b>1626 WILLOW DALE</b>	
CITY-ST-ZIP	<b>SEBRING, FL 33872</b>		CITY-ST-ZIP	<b>SEBRING FL 33872</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LORD, GRAYDON</b>		NAME	<b>S/D MARCIA WALTERS</b>	
STREET ADDRESS	<b>1629 WILLOW RUN</b>		STREET ADDRESS	<b>1555 WILLOW DALE</b>	
CITY-ST-ZIP	<b>SEBRING, FL 33872</b>		CITY-ST-ZIP	<b>SEBRING FL 33872</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: <i>Marcia Walters</i>    <b>MARCIA WALTERS</b>    <b>02-29-08</b>    <b>863-385-2408</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					