2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29556

FILED Apr 12, 2009 Secretary of State

Entity Name: WILLOW GATE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1554 WILLOW DALE 1554 WILLOW DALE SEBRING, FL 33872 US SEBRING, FL 338721814

Current Mailing Address: New Mailing Address:

1554 WILLOW DALE 1554 WILLOW DALE SEBRING, FL 338721814 US SEBRING, FL 33872 US

FEI Number: 59-2949576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WALTERS, MARCIA 1555 WILLOW DALE SEBRING, FL 33872

OFFICERS AND DIRECTORS:

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:

Address:

City-St-Zip:

Date

Electronic Signature of Registered Agent

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

EVELAND, DEAN KLINE, LINDA Name: Name: 4409 WILLOW TRAIL Address: 1529 WILLOW DALE Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: SEBRING, FL 33872 US

Title: () Delete Title: (X) Change () Addition PALMORE, ERVIN Name: VAN DONSEL, NICK Name:

Address: 4405 WILLOW TRAIL Address: 1526 WILLOW DALE City-St-Zip: SEBRING, FL 33872 City-St-Zip: SEBRING, FL 33872 US

Title: () Delete Title: (X) Change () Addition

WILKINS, MILLIE THORNSBERRY, SUE Name: Name: 1608 WILLOW DALE Address: Address: 1619 WILLOW DALE City-St-Zip: SEBRING, FL 33872 City-St-Zip: SEBRING, FL 33872 US

Title: () Delete Title: (X) Change () Addition

Name: ELLIS, DALE E Name: PETERSON, COLLEEN 1643 WILLOW RUN Address: 1626 WILLOW RUN Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: SEBRING, FL 33872 US

Title: () Delete Title: (X) Change () Addition Name:

WALTERS, MARCIA WALTERS, MARCIA Name: 1555 WILLOW DALE 1555 WILLOW DALE Address: SEBRING, FL 33872 City-St-Zip: SEBRING, FL 33872 US

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: MARCIA WALTERS SD 04/12/2009