2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State
04-12-2006 90084 038 ****61.25

DOCUMENT # N31207

1. Entity Name
THE WILLOWS CONDOMINIUM ASSOCIATION-SEMINOLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
% THE WILLOWS CON. DEVELOPMENT CORP 6099 113TH STREET NORTH SEMINOLE, FL 34642	STERILING MANGEMENT, INC 2880 SCHERER DRIVE STE 840 SAINT PETERSBURG, FL 33716

04052006 Chg-NP CR2E037 (11/05)

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 59-3374758 ☐ 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
CIANFRONE PA, JOE 1968 BAYSHORE BLVD DUNEDIN, FL 34698	Name THOMAS W. KAPPER Street Address (P.O. Box Number is Not Acceptable) 10825 Seminole BLVD. #1 City LARGO FL Zip Code 33778

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 [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, 2006

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	T CHADWELL, GLENN 199 PIMROSE AV E OTAWA, ON DIR74	☐ Delete	P	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALDANZA, JAMES 17023 DOLPHIN DR N REDINGTON BEACH, FL 33708	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SANDERS, ROLAND 6013 113TH ST N #302 SEMINOLE, FL 33772	☐ Delete	S	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'BRIEN, ED 6035 113TH ST N #208 SEMINOLE, FL 33772	☐ Delete	T	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROBERTS, DONALD 6125 113TH STREET NORTH # 515 SEMINOLE, FL 33772	☒ Delete	D Stablewski, JOHN 79 Suzette DR. Cheektowaga, NY 14227	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Glenn Chadwell Capt 6/06 727-398-6239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #