2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N31207

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

Current Principal Place of Business:

% THE WILLOWS CON. DEVELOPMENT CORP
6099 113TH STREET NORTH
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

SHADOW LAKES MANAGEMENT CO.
10825 SEMINOLE BLVD. #1
LARGO, FL 33778

New Mailing Address:

4585 140TH AVE NORTH
SUITE 1012
CLEARWATER, FL 33762

FEI Number: 59-3374758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAPPER, THOMAS W
10825 SEMINOLE BLVD #1
LARGO, FL 33778 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC
4585 140TH AVE NORTH
SUITE 1012
CLEARWATER, FL 33762 US

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: KIKR BLISS 04/08/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DREVNIOK, DENNIS
Address: P.O. BOX 278
City-St-Zip: RUSSELL, ON K4R 1E1 CA

Title: D VP ( ) Delete
Name: BALDANZA, JAMES
Address: 17023 DOLPHIN DR
City-St-Zip: N REDINGTON BEACH, FL 33708

Title: S ( ) Delete
Name: DUDMAN, KENNETH
Address: 2356 MCGEE SIDE ROAD
City-St-Zip: CARP, ON K0A 1LO CA

Title: T ( ) Delete
Name: GAUTHIER, GUY
Address: 6126 BRISTLECONE WAY
City-St-Zip: OTTAWA, ON K1E 1H7 CA

Title: D (X) Delete
Name: LANDO, DIANE
Address: 6055 113TH ST. N.#104
City-St-Zip: SEMINOLE, FL 33772 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DENNIS DREVNIOK P 04/08/2009
Electronic Signature of Signing Officer or Director — Date