2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N32501

Entity Name: THE WILLOWS, UNIT NO. 3 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

THE WILLOWS UNIT #3 HOA
1820 DOCKSIDE DRIVE
VALRICO, FL 33594 US

New Principal Place of Business:

THE WILLOWS UNIT #3 HOA
401 N. PARSONS AVE., STE 106A
BRANDON, FL 33510 US

Current Mailing Address:

THE WILLOWS UNIT #3 HOA
PO BOX 2787
VALRICO, FL 33595 US

New Mailing Address:

THE WILLOWS UNIT #3 HOA
401 N. PARSONS AVE., STE 106A
BRANDON, FL 33510 US

FEI Number: 65-0278159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PILKA, DANIEL F
213 PROVIDENCE ROAD
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

NORMAN-JOHNSTON, SANDRA K
401 N. PARSONS AVE., STE 106A
BRANDON, FL 33510 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: SANDRA NORMAN-JOHNSTON 04/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MEEKS, CHARLES N
Address: 1820 DOCKSIDE DR
City-St-Zip: VALRICO, FL 33594

Title: VP ( ) Delete
Name: CASTELLI, DAVID K
Address: 1734 STAYSIDE DR
City-St-Zip: VALRICO, FL 33594

Title: T ( ) Delete
Name: WEBSTER, ANGIE
Address: 1742 STAYSAIL DRIVE
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Delete
Name: CAUDLE, RENEE A
Address: 1714 STAYSAIL DRIVE
City-St-Zip: VALRICO, FL 33594

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:

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: RENEE CAUDLE S 04/15/2009
Electronic Signature of Signing Officer or Director Date