

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90189 004 ****70.00

DOCUMENT # N37570



1. Entity Name
**WILLA SPRINGS COMMERCIAL CENTER PHASE TWO-A
OWNERS ASSOCIATION, INC.**

Principal Place of Business
**5405 DIPLOMAT CIRCLE
100
ORLANDO, FL 32810**

Mailing Address
**5405 DIPLOMAT CIRCLE
100
ORLANDO, FL 32810**

40066373



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3111773

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

**CLAYTON, KENNETH M
%CLAYTON & MCCULLOM
1065 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **VP** ☐ Delete
NAME **CLAYTON, W. MALCOLM**
STREET ADDRESS **5405 DIPLOMAT CIRCLE SM 100**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D** ☐ Delete
NAME **CLAYTON, BRANTLY W**
STREET ADDRESS **5405 DIPLOMAT CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D** ☐ Delete
NAME **DODGE, LINDA S**
STREET ADDRESS **5405 DIPLOMAT CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **CLAYTON, W. MALCOLM**
STREET ADDRESS **5405 DIPLOMAT CIRCLE STE 100**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **VTD** ☒ Change ☐ Addition
NAME **CLAYTON, BRANTLY W.**
STREET ADDRESS **5405 DIPLOMAT CIRCLE STE 100**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **SD** ☒ Change ☐ Addition
NAME **DODGE, LINDA S.**
STREET ADDRESS **5405 DIPLOMAT CIRCLE STE 100**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE

W. Malcolm Clayton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Malcolm Clayton

Date

4/25/06

Daytime Phone #

407.644-6200