

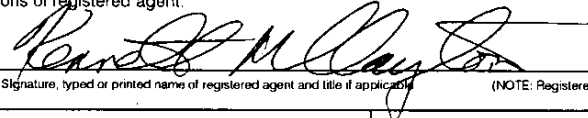
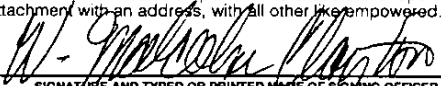


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90032 007 ****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		
2. Principal Place of Business - No P.O. Box # 5405 Diplomat Circle		3. Mailing Address 5405 Diplomat Circle		<div style="font-size: 2em; margin-bottom: 10px;">40111111</div>  <div style="margin-top: 10px;"> 04242007 Chg-NP CR2E037 (12/06) </div>	
Suite, Apt. #, etc. STE 100		Suite, Apt. #, etc. STE 100			
City & State ORLANDO, FL		City & State ORLANDO, FL			
Zip 32810	Country US	Zip 32810	Country US		
4. FEI Number 59-3111773				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CLAYTON, KENNETH M %CLAYTON & MCCULLOM 1065 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751	
7. Name and Address of New Registered Agent Name CLAYTON, KENNETH M Street Address (P.O. Box Number is Not Acceptable) 90 CLAYTON + MCCULLOM 1005 MAITLAND CENTER COMMONS BLVD City MAITLAND FL Zip Code 32751					
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 4/26/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD CLAYTON, W. MALCOLM 5405 DIPLOMA CIR STE 100 ORLANDO, FL 32810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, BRANTLY W 5405 DIPLOMAT CIR STE 100 ORLANDO, FL 32810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, LINDA S 5405 DIPLOMAT CIR STE 100 ORLANDO, FL 32810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAYTON, W. MALCOLM 5405 DIPLOMAT CIRCLE, STE 100 ORLANDO, FL 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, BRANTLY W 5405 DIPLOMAT CIR STE 100 ORLANDO, FL 32810	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, LINDA S 5405 DIPLOMAT CIR STE 100 ORLANDO, FL 32810	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, LINDA S 5405 DIPLOMAT CIR STE 100 ORLANDO, FL 32810	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, LINDA S 5405 DIPLOMAT CIR STE 100 ORLANDO, FL 32810	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, LINDA S 5405 DIPLOMAT CIR STE 100 ORLANDO, FL 32810	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		W. Malcolm Clayton, DIRECTOR Date 4/24/2007 Daytime Phone # 407-644-6200			