

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90192 005 ****66.25

05-21-08 01013 023 ****3.75

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**

60033872



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282008

Chg-NP

CR2E037 (12/06)

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**

CLAYTON, KENNETH M
Street Address (P.O. Box Number is Not Acceptable)

610 CLAYTON + MCCULLOM

1065 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

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

(NOTE: Registered Agent signature required when translating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 PD ☐ Delete
NAME CLAYTON, W. MALCOLM
STREET ADDRESS 5405 DIPLOMAT CIR., STE 100
CITY-ST-ZIP ORLANDO, FL 32810

TITLE D ☐ Delete
NAME CLAYTON, BRANTLY W
STREET ADDRESS 5405 DIPLOMAT CIR STE 100
CITY-ST-ZIP ORLANDO, FL 32810

TITLE D ☐ Delete
NAME DODGE, LINDA S
STREET ADDRESS 5405 DIPLOMAT CIR STE 100
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 without address, with all other information provided.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**W. Malcolm Clayton
PRESIDENT**

Date

Daytime Phone #

4/29/08 407-644-6200