

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 14, 2009
Secretary of State

DOCUMENT# N37570

Entity Name: WILLA SPRINGS COMMERCIAL CENTER PHASE TWO-A OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5405 DIPLOMAT CIRCLE
100
ORLANDO, FL 32810**New Principal Place of Business:**1060 WILLA SPRINGS DRIVE
WINTER SPRINGS, FL 32708**Current Mailing Address:**5405 DIPLOMAT CIRCLE
100
ORLANDO, FL 32810**New Mailing Address:**1060 WILLA SPRINGS DRIVE
WINTER SPRINGS, FL 32708**FEI Number:** 59-3111773**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CLAYTON, KENNETH M
C/O CLAYTON & MCCULLOH
1065 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751 US**Name and Address of New Registered Agent:**PLOWFIELD, ROBERT L
1060 WILLA SPRINGS DRIVE
WINTER SPRINGS, FL 32708 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: ROBERT L. PLOWFIELD

10/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLAYTON, W. MALCOLM
Address: 5405 DIPLOMAT CIR., STE 100
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: CLAYTON, BRANTLY W
Address: 5405 DIPLOMAT CIR STE 100
City-St-Zip: ORLANDO, FL 32810

Title: D (X) Delete
Name: DODGE, LINDA S
Address: 5405 DIPLOMAT CIR STE 100
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PLOWFIELD, ROBERT L
Address: 1060 WILLA SPRINGS DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: O (X) Change () Addition
Name: BONETT, MITCH
Address: 1040 WILLA SPRING DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

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: ROBERT L. PLOWFIELD

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10/14/2009

Electronic Signature of Signing Officer or Director

Date