

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39569

FILED
Mar 30, 2005
Secretary of State

Entity Name: WILLOWBROOK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3031051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCOY, GERRY
Address: 224 WIMBLEDON CIR.
City-St-Zip: HEATHROW, FL 32746

Title: VPD () Delete
Name: GALLAGHER, MICHAEL
Address: 1312 CHESTWOOD COVE
City-St-Zip: HEATHROW, FL

Title: PD () Delete
Name: STERRETT, JOHN
Address: 124 WIMBLEDON CIR
City-St-Zip: HEATHROW, FL

Title: SD () Delete
Name: SULLIVAN, BILL
Address: 156 WIMBLEDON CIRCLE
City-St-Zip: HEATHROW, FL 32746

Title: TD () Delete
Name: HUESCA, KAREN
Address: 131 WIMBLEDON CIR
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MCCOY, GERRY
Address: 224 WIMBLEDON CIR
City-St-Zip: HEATHROW, FL 32746

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: D (X) Change () Addition
Name: MUELLER, GENE
Address: 205 WIMBLEDON CIR
City-St-Zip: HEATHROW, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN STERRETT

PD

03/30/2005

Electronic Signature of Signing Officer or Director

Date