

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41262

FILED  
Mar 12, 2005  
Secretary of State

Entity Name: WILLOWICK HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1224 WILLOWICK CIRCLE  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

1207 WILLOWICK CIRCLE  
SAFETY HARBOR, FL 34695 US

**Current Mailing Address:**

1224 WILLOWICK CIRCLE  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

1207 WILLOWICK CIRCLE  
SAFETY HARBOR, FL 34695 US

FEI Number: 59-3071450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWENARTON, TOM  
1224 WILLOWICK CIRCLE  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

PERSINGER, JOHN  
1207 WILLOWICK CIRCLE  
SAFETY HARBOR, FL 34695 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: JOHN PERSINGER

03/12/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SWENARTON, TOM  
Address: 1224 WILLOWICK CIRCLE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DVT ( ) Delete  
Name: PERSINGER, JOHN  
Address: 1207 WILLOWICK CIR  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DS ( ) Delete  
Name: DIXON, BECKY  
Address: 1229 WILLOWICK CIRCLE  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: PERSINGER, JOHN  
Address: 1207 WILLOWICK CIRCLE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DVT (X) Change ( ) Addition  
Name: SEROPIAN, BETTY  
Address: 1206 WILLOWICK CIR  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DS (X) Change ( ) Addition  
Name: CARTA, JOY  
Address: 1205 WILLOWICK CIRCLE  
City-St-Zip: SAFETY HARBOR, FL 34695

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 PERSINGER

DP

03/12/2005

Electronic Signature of Signing Officer or Director

Date