

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41262

FILED
Jul 10, 2006
Secretary of State

Entity Name: WILLOWICK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1207 WILLOWICK CIRCLE
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

1218 WILLOWICK CIRCLE
SAFETY HARBOR, FL 34695 US

Current Mailing Address:

1207 WILLOWICK CIRCLE
SAFETY HARBOR, FL 34695 US

New Mailing Address:

1218 WILLOWICK CIRCLE
SAFETY HARBOR, FL 34695 US

FEI Number: 59-3071450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CROCKETT, GRANT
1218 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: GRANT CROCKETT

07/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CROCKETT, GRANT
Address: 1218 WILLOWICK CIRCLE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: KETCHER, HARRY
Address: 1211 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 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: GRANT CROCKETT

DP

07/10/2006

Electronic Signature of Signing Officer or Director

Date