


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N49112 1. Entity Name WILLOW WALK CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 403 SOUTH WILLOW AVENUE APT. B TAMPA, FL 33606 US	Mailing Address 403 SOUTH WILLOW AVENUE APT. B TAMPA, FL 33606 US
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03212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3144676	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MAURER, ANITA SANCHEZ
403 S WILLOW AVE.
UNIT B
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD PUDDICOMBE, JAMIE 403-C S. WILLOW AVE. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MAURER-SANCHEZ, ANITA 403-B SOUTH WILLOW AVE. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUSTABLE, SCOTT R 403-D S WILLOW AVE TAMPA, FL 33606
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000275289
03/24/05-80043-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 with an address, with all other like empowered.

SIGNATURE: *Anita A. Maurer* **Anita A. Maurer** 3-21-05 (813) 251-6650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #