

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N49112**

1. Entity Name  
**WILLOW WALK CONDOMINIUM ASSOCIATION, INC.**



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**



01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3144676</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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, 2006**

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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05/13/06-80004-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-06 (813) 251-6650

Date

Daytime Phone #