

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 05, 2008**  
**Secretary of State**

DOCUMENT# N49725

**Entity Name:** WILLOW GREEN HOMEOWNERS ASSOCIATION OF LA CITA, INC.**Current Principal Place of Business:**776 COUNTRY CLUB DR.  
TITUSVILLE, FL 32780**New Principal Place of Business:****Current Mailing Address:**PO BOX 415  
TITUSVILLE, FL 32781 US**New Mailing Address:****FEI Number:** 59-3134036**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**O'BRIEN, MICHAEL  
525 WILLOWGREEN LAEN  
TITUSVILLE, FL 32780 US**Name and Address of New Registered Agent:**COX, JOHN T  
485 WILLOWGREEN LANE  
TITUSVILLE, FL 32780 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 T COX

06/05/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LANG, GEORGE D  
Address: 530 WILLOWGREEN LN  
City-St-Zip: TITUSVILLE, FL 32780

Title: S ( ) Delete  
Name: GAST, CARROLL D  
Address: 570 WILLOWGREEN LN  
City-St-Zip: TITUSVILLE, FL 32780

Title: T ( ) Delete  
Name: O'BRIEN, MICHAEL D  
Address: 525 WILLOWGREEN LN  
City-St-Zip: TITUSVILLE, FL 32780

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

Title: P (X) Change ( ) Addition  
Name: BRUSH, ANN MARIE  
Address: 580 WILLOWGREEN LN  
City-St-Zip: TITUSVILLE, FL 32780

Title: S (X) Change ( ) Addition  
Name: WALTERS, GLENN  
Address: 435 WILLOWGREEN LN  
City-St-Zip: TITUSVILLE, FL 32780

Title: T (X) Change ( ) Addition  
Name: COX, JOHN T  
Address: 485 WILLOWGREEN LN  
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information supplied with this filing does not qualify 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: JOHN T COX

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06/05/2008

Electronic Signature of Signing Officer or Director

Date