

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90393 027 ****61.25

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1. Entity Name
WILLA OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
1005 LINGO CIR
OVIEDO, FL 32765

Mailing Address
1005 LINGO CIR
OVIEDO, FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3229792

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, TODD
1014 LINGO CIR.
OVIEDO, FL 32765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$81.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WALKER, KIERSTEN**
STREET ADDRESS **1014 LINGO CIR.**
CITY - ST - ZIP **OVIEDO, FL 32765**

TITLE **D** ☐ Change ☒ Addition
NAME **Andriano, Linda**
STREET ADDRESS **900 Lingo Court**
CITY - ST - ZIP **Oviedo, Florida 32765**

TITLE **P** ☐ Delete
NAME **BUILD, CHUCK**
STREET ADDRESS **1005 LINGO CIRCLE**
CITY - ST - ZIP **OVIEDO, FL 32765**

TITLE ☐ Change ☐ Addition
NAME **Guild, Chuck**
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☐ Delete
NAME **GILGER, RACHAEL**
STREET ADDRESS **1004 LINGO CIRCLE**
CITY - ST - ZIP **OVIEDO, FL 32765**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☐ Delete
NAME **POPOVICH, PATSY**
STREET ADDRESS **1000 LINGO CIRCLE**
CITY - ST - ZIP **OVIEDO, FL 32765**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☐ Delete
NAME **WINCHESTER, BILL**
STREET ADDRESS **1010 LINGO CIR**
CITY - ST - ZIP **OVIEDO, FL 32765**

TITLE ☒ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☐ Delete
NAME **WILSON, GINA**
STREET ADDRESS **1003 LINGO CIRCLE**
CITY - ST - ZIP **OVIEDO, FL 32765**

TITLE ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS
CITY - ST - ZIP

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: William Winchester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31, 2006 407-365-5656
Date Daytime Phone #