
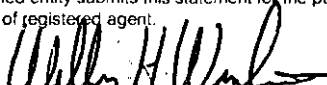
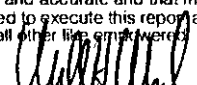


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90019 016 ****61.25

| | | | |
|---|--|---|--|
| DOCUMENT # N93000004744 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 - No P.O. Box # LINGO CIRCLE 3 COURT | | 3. Mailing Address 1008 LINGO Circle | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State OVIEDO FL | | City & State OVIEDO, FL | |
| Zip 32765 | | Zip 32765 | |
| Country Seminole | | Country USA | |
| 4. FEI Number 59-3229792 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WALKER, TODD 1014 LINGO CIR. OVIEDO, FL 32765 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  WILLIAM H WINCHESTER TRESURER </div> <div style="text-align: right;"> 3/20/07 DATE </div> </div> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| \$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 NAME STREET ADDRESS CITY-ST-ZIP | D WALKER, KIERSTEN 1014 LINGO CIR. OVIEDO, FL 32765 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GUILD, CHUCK 1005 LINGO CIRCLE OVIEDO, FL 32765 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GILGER, RACHAEL 1004 LINGO CIRCLE OVIEDO, FL 32765 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POPOVICH, PATSY 1000 LINGO CIRCLE OVIEDO, FL 32765 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WINCHESTER, BILL 1010 LINGO CIR OVIEDO, FL 32765 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WILSON, GINA 1003 LINGO CIRCLE OVIEDO, FL 32765 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 signatures. | | <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  WILLIAM H WINCHESTER </div> <div style="text-align: right;"> 3/27/07 DATE </div> </div> | |