

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90045 013 ****61.25

DOCUMENT # N93000005456					
1. Entity Name WILLOW GLEN GOLF COTTAGES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4100 RIVERWOOD DR. PORT CHARLOTTE, FL 33953			Mailing Address PO BOX 380602 MURDOCK, FL 33938-0602 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03102008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0473422				<input type="checkbox"/> 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			7. Name and Address of New Registered Agent		
PREMIER MANAGEMENT SERVICES 1777 TAMiami TRAIL #400 PORT CHARLOTTE, FL 33948			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE SD	NAME UELMAN, DAVID	<input checked="" type="checkbox"/> Delete	TITLE VP/D	NAME MARTINSON, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14013 WILLOW GLEN CT	PORT CHARLOTTE, FL 33953		STREET ADDRESS 14068 Willow Glen CRT #130	PORT CHARLOTTE, FL 33953	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
TITLE TD	NAME MARTINSON, DAVID	<input checked="" type="checkbox"/> Delete	TITLE VP/D	NAME LUCY TYMINSKI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 14068 WILLOW GLEN CRT. # 130	PORT CHARLOTTE, FL 33953		STREET ADDRESS 14053 Willow Glen CRT #141	PORT CHARLOTTE, FL 33953	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
TITLE PD	NAME SCHULTZ, JAMES	<input checked="" type="checkbox"/> Delete	TITLE VA/TO	NAME SCHULTZ, JAMES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3121 CLUB DRIVE	PORT CHARLOTTE, FL 33953		STREET ADDRESS 3121 Club Drive #116	PORT CHARLOTTE, FL 33953	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
TITLE VPD	NAME MASON, SIDNEY R	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14065 WILLOW GLEN CRT	PORT CHARLOTTE, FL 33953		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP		
TITLE VPD	NAME BEILANG, RUDIGER	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14069 WILLOW GLEN CRT #137	PORT CHARLOTTE, FL 33953		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>David J. Martinson</i>			Date: <i>3/11/2007</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					