


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90151 044 ****70.00

DOCUMENT # N97000001547	
1. Entity Name VILLAS AT WILLOW LAKE HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 6400 46TH AVE N KENNETH CITY, FL 33709	Mailing Address 6400 46TH AVE N #62 KENNETH CITY, FL 33709
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1799-B N Belcher Rd Suite, Apt. #, etc.	
City & State		City & State Clearwater, FL	
Zip	Country	Zip	Country
		33765	US

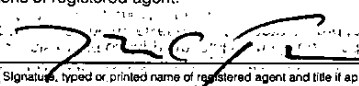


03072005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3676246		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VIEIRA, PAULA 6400 46TH AVE N #62 SAINT PETERSBURG, FL 33709		7. Name and Address of New Registered Agent Name AMERI-TECH REALTY INC Street Address (P.O. Box Number is Not Acceptable) 1799-B North Belcher Road City Clearwater FL Zip Code 33765	
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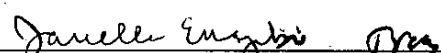
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **Michael G Perez, President** 04/04/2005
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, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIEIRA, PAULA 6400 46TH AVE N UNIT #62 KENNETH CITY, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ENAJIBI, JANELLA 6400 46TH AVE N UNIT #64 KENNETH CITY, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCORMICK, JOHN 6400 46 AVE N #63 KENNETH CITY, FL 33709 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KUHLMANN, LOUISE 6400 46 AVE N #67 KENNETH CITY, FL 33709 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUMONT, MARY J 6400 46TH AVE N #61 KENNETH CITY, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/8/05** **727-548-9067**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #