

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001547

FILED
Mar 30, 2009
Secretary of State

Entity Name: VILLAS AT WILLOW LAKE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

6400 46TH AVE N
KENNETH CITY, FL 33709

New Principal Place of Business:

Current Mailing Address:

1799-B N BELCHER RD
CLEARWATER, FL 33765 US

New Mailing Address:

24701 US HIGHWAY 19 NORTH #102
CLEARWATER, FL 33763 US

FEI Number: 59-3676246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERI-TECH REALTY INC
1799-B N BELCHER RD
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

AMERI-TECH REALTY INC
24701 US HIGHWAY 19 NORTH #102
CLEARWATER, FL 33763 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: MICHAEL G PEREZ, PRESIDENT

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VIEIRA, PAULA
Address: 6400 46TH AVE N UNIT #62
City-St-Zip: KENNETH CITY, FL 33709

Title: TD () Delete
Name: ENAJIBI, JANELLA
Address: 6400 46TH AVE N UNIT #64
City-St-Zip: KENNETH CITY, FL 33709

Title: DS () Delete
Name: DUMONT, MARY J
Address: 6400 46TH AVE N #61
City-St-Zip: KENNETH CITY, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAULA VIEIRA

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date