

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002725

FILED
Apr 22, 2011
Secretary of State

Entity Name: WILLOW BEND AT STONEBRIDGE CONDOMINIUM ASSOCATION, INC.

Current Principal Place of Business:

C. ALLEN PROPERTIES
3050 N. HORSESHOE DR
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C. ALLEN PROPERTIES
3050 N. HORSESHOE DR
NAPLES, FL 34104 US

New Mailing Address:

C. ALLEN PROPERTIES
3050 N. HORSESHOE DR
NAPLES, FL 34104

FEI Number: 65-0756604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, CHARLES
3050 N. HORSESHOE DR #172
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: GEHRLEIN, DALE
Address: 1940 WILLOWBEND CIRCLE #103
City-St-Zip: NAPLES, FL 34109

Title: PD
Name: JABLONSKI, ROSALIE
Address: 1960 WILLOWBEND CIR, # 101
City-St-Zip: NAPLES, FL 34109

Title: D
Name: CORDELL, JEFFREY
Address: 1950 WILLOWBEND CIRCLE #203
City-St-Zip: NAPLES, FL 34109

Title: DT
Name: MANFREDONIDA, LEO
Address: 1970 WILLOWBEND CIRCLE #204
City-St-Zip: NAPLES, FL 34109

Title: SD
Name: FAHY, TOM
Address: 1980 WILLOWBEND CIRCLE #202
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: ROSALIE JABLONSKI

PD

04/22/2011

Electronic Signature of Signing Officer or Director

Date