


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90295 036 ****61.25

DOCUMENT # N97000003806 1. Entity Name WILLOW CREEK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3722 NW 33 TERRACE GAINESVILLE FL 32605 US			Mailing Address 3722 NW 33 TERRACE GAINESVILLE FL 32605 US		
2. Principal Place of Business 3612 NW 31 TERRACE Suite, Apt. #, etc.		3. Mailing Address 3612 NW 31 TERRACE Suite, Apt. #, etc.			
City & State GAINESVILLE FL		City & State GAINESVILLE FL		4. FEI Number 59-3451091	
Zip 32605		Country VSA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDavid, GEORGE A 3722 NW 33 TERRACE GAINESVILLE FL 32605			7. Name and Address of New Registered Agent Name TRUDY BAUMGARTNER Street Address (P.O. Box Number is Not Acceptable) 3612 NW 31 TERRACE City GAINESVILLE FL Zip Code 32605		
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 <i>X Trudy A Baumgartner</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	PD CLEMENTS, KEN 3644 NW 33 TERRACE GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LISA CLEMENTS 3644 NW 33 TERRACE GAINESVILLE, FL 32605
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACOBSEN, STANLEY 3725 NW 31ST. TERR. GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SELDON J. CHILDERS 3702 NW 31 TERRACE GAINESVILLE, FL 32605
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAUMGARTNER, TRUDY 3612 NW 31 TERRACE GAINESVILLE FL 32605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARBARA JEAN RASKIN 3625 NW 31 TERRACE GAINESVILLE, FL 32605
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCDavid, GEORGE A 3722 NW 33 TERR. GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARBARA JEAN RASKIN 3625 NW 31 TERRACE GAINESVILLE, FL 32605
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCDavid, GEORGE A 3722 NW 33 TERR. GAINESVILLE FL 32605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARBARA JEAN RASKIN 3625 NW 31 TERRACE GAINESVILLE, FL 32605
<input type="checkbox"/> Delete		<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: <i>X Trudy A Baumgartner</i> TRUDY A. BAUMGARTNER 4-27-04 (353) 375-1440 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					