

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003806

FILED
Apr 26, 2006
Secretary of State

Entity Name: WILLOW CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3625 NW 31 TERRACE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

3625 NW 31 TERRACE
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 59-3451091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTS, LISA
3644 NW 33 TERRACE
GAINESVILLE, FL 32605 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: PD () Delete
Name: CLEMENTS, LISA
Address: 3644 NW 33 TERR.
City-St-Zip: GAINESVILLE, FL 32605

Title: VPD () Delete
Name: CHILDERS, SELDON JEFF
Address: 3702 NW 31 TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: GROVE, DAVID
Address: 3645 NW 31 TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: TD () Delete
Name: RASKIN, BARBARA JEAN
Address: 3625 NW 31 TERR.
City-St-Zip: GAINESVILLE, FL 32605

Title: SD () Delete
Name: CROISER, KANDI
Address: 3412 NW 32 DRIVE
City-St-Zip: GAINESVILLE, FL 32605

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:

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 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: BARBARA JEAN RASKIN

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04/26/2006

Electronic Signature of Signing Officer or Director

Date