

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004029

FILED
Apr 08, 2008
Secretary of State

Entity Name: WILLOW BRANCH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2936 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

2936 RIVERSIDE AVENUE
ATTENTION: UNIT #4
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 59-6069253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, MARY A
2936 RIVERSIDE AVENUE, UNIT #4
JACKSONVILLE, FL 32205 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: TURNER, MARY A
Address: 2936 RIVERSIDE AVENUE , UNIT #4
City-St-Zip: JACKSONVILLE, FL 32205

Title: VPD () Delete
Name: BARRY, JOHN G III
Address: 2936 RIVERSIDE AVENUE, UNIT#3
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD () Delete
Name: NEHL, EVELYN
Address: 2936 RIVERSIDE AVENUE, UNIT #1
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD () Delete
Name: BARRY, CARMEN M
Address: 2936 RIVERSIDE AVENUE, UNIT #3
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: ZAWISZA, ANNA M
Address: 2936 RIVERSIDE AVENUE, UNIT #2
City-St-Zip: JACKSONVILLE, FL 32205 US

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 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: CARMEN M. BARRY

TD

04/08/2008

Electronic Signature of Signing Officer or Director

_____ Date