


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000005292</b>					
1. Entity Name <b>WILLOW RUN HOMEOWNERS ASSOCIATION OF LAKELAND, INC.</b>					
Principal Place of Business <b>P.O. BOX 5076 LAKELAND FL 33807-5076</b>			Mailing Address <b>P.O. BOX 5076 LAKELAND FL 33807-5076</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3533587</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SCHREIBER, ALLAN 7002 WILLOW RUN LOOP LAKELAND FL 33813</b>				Name	
				Street Address (P O Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHREIBER, ALLAN		NAME		
STREET ADDRESS	7002 WILLOW RUN LOOP		STREET ADDRESS		
CITY- ST- ZIP	LAKELAND FL 33813		CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARON, LAWRENCE		NAME		
STREET ADDRESS	509 WILLOW RUN KNOLL		STREET ADDRESS		
CITY- ST- ZIP	LAKELAND FL 33813		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROWELL, JOYCE		NAME		
STREET ADDRESS	7008 WILLOW RUN LOOP		STREET ADDRESS		
CITY- ST- ZIP	LAKELAND FL 33813		CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOLE, KEVIN		NAME		
STREET ADDRESS	616 WILLOW RUN		STREET ADDRESS		
CITY- ST- ZIP	LAKELAND FL 33813		CITY- ST- ZIP		
TITLE	BMD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARLON, CORLETTA		NAME		
STREET ADDRESS	720 WILLOW RUN		STREET ADDRESS		
CITY- ST- ZIP	LAKELAND FL 33813		CITY- ST- ZIP		
TITLE	BMD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WESTON, ANNA		NAME		
STREET ADDRESS	633 WILLOW RUN		STREET ADDRESS		
CITY- ST- ZIP	LAKELAND FL 33813		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Lawrence J. Maron</u>				Date: <u>4/30/05</u> Daytime Phone #: <u>813-623-6646</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					