

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006469

1. Entity Name
WILLOW PARK OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
2400 9TH ST. NORTH STE. 101 2400 9TH ST. NORTH STE. 101
NAPLES, FL 34103 NAPLES, FL 34103



01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0803495

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VUKOBRATOVICH, GEORGE
2400 9TH ST. NORTH STE. 101
NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VUKOBRATOVICH, GEORGE 2400 9TH ST. NORTH STE. 101 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANFREDI, RICHARD 2400 9TH STREET NORTH, SUITE 101 NAPLES, FL 341033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VUKOBRATOVICH, JOANNE 2400 9TH STREET NORTH, SUITE 101 NAPLES, FL 341033
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/12/05-80046-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-05