

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90067 033 ****61.25

DOCUMENT # N98000006469

1. Entity Name

WILLOW PARK OWNERS' ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

40001037



DO NOT WRITE IN THIS SPACE

01112008 No Chg-NP

CR2E037 (4/06)

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-08

2614744