2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2006 8:00 am **Secretary of State** DOCUMENT # N99000000579 1. Entity Name 03-06-2006 90032 018 ****61.25 WILLOW RUN PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 14433 WILLOW RUN DADE CITY FL 33523 14338 WILLOW RUN DADE CITY FL 33523 **50000000** 2. Principal Place of Busines 14338 Willow Kun 14432 Willow Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-3569860 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Pasco Fee Required 300 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Morris Mevin PORTER, THOMAS Street Address (P.O. Box Number is Not Acceptable) 14433 WILLOW RUN DADE CITY FL 33523 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. the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) id litte il applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Delete ☐ Addition TITLE TITLE resident PORTER, THOMASS NAME NAME Kevin Morris 14433 WILLOW RUN STREET ADDRESS STREET ADDRESS Kun 1443,2 Willow DADE CITY FL 33523 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition TITLE BAKER, JACK NAME NAME STREET ADDRESS 14348 WILLOW RUN STREET ADDRESS DADE CITY FL 33523 CITY-ST-ZIP CITY-ST-ZIP STD Addition ☐ .Change TITLE Delete TITLE FRESE, THERESA NAME NAME STREET ADDRESS 14338 WILLOW RUN STREET ADDRESS CITY-ST-ZIP DADE CITY FL 33523 CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

FILED