


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-09-2007 90004 030 ****61.25

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DOCUMENT # N99000000579			
1. Entity Name WILLOW RUN PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 14432 WILLOW RUN DADE CITY FL 33523 US		Mailing Address 14338 WILLOW RUN DADE CITY FL 33523 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>14338 Willow Run</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Dade City, FL</i>		City & State <i>Dade City, FL</i>	
4. FEI Number 59-3569860		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Doc# <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E037 (10/06)	
6. Name and Address of Current Registered Agent MORRIS, KEVIN 14432 WILLOW RUN DADE CITY FL 33523		7. Name and Address of New Registered Agent Name: <i>Ms. Catherine Collins</i> Street Address (P.O. Box Number is Not Acceptable) <i>14415 Willow Run</i> City: <i>Dade City</i> FL Zip Code: <i>33523</i>	
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: <i>Catherine Collins</i> DATE: <i>2/20/07</i> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME: MORRIS, KEVIN STREET ADDRESS: 14432 WILLOW RUN CITY- ST- ZIP: DADE CITY FL 33523	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: Catherine Collins STREET ADDRESS: 14415 Willow Run CITY- ST- ZIP: Dade City, FL 33523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: BAKER, JACK STREET ADDRESS: 14348 WILLOW RUN CITY- ST- ZIP: DADE CITY FL 33523	<input checked="" type="checkbox"/> Delete	TITLE: Vice Pres. NAME: Kevin Morris STREET ADDRESS: 14432 Willow Run CITY- ST- ZIP: Dade City, FL 33523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: FRESE, THERESA STREET ADDRESS: 14338 WILLOW RUN CITY- ST- ZIP: DADE CITY FL 33523	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 copyword.			
SIGNATURE: <i>Catherine Collins</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		President <i>3/22/07</i> 352-521-4005 <small>Date Daytime Phone #</small>	