2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2008 8:00 am
Secretary of State
05-07-2008 90112 029 ****61.25

DOCUMENT # N99000003927

1. Entity Name

WILLOWCROFT OWNERS ASSOCIATION, INC.

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Principal Place of Business	Mailing Address
2321 N.W. 41ST STREET STE A-2 GAINESVILLE FL 32606	2321 N.W. 41ST STREET STE A-2 GAINESVILLE FL 32606

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3529 NW 18th PLACE	PMB 286
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 147050
City & State GAINESVILLE, FL	City & State GAINESVILLE FL
Zip / Country 32605 / USA	Zip / Country 32614-7050 / ALACHUA

4. FEI Number 59-3607826 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPAIN, THOMAS C 2321 N.W. 41ST STREET STE A-2 GAINESVILLE FL 32606	Name: RICHARD HORD Street Address (P.O. Box Number is Not Acceptable): 3529 NW 18th PLACE City: GAINESVILLE FL Zip Code: 32605

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 _____ 22 April 2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SPAIN, THOMAS C 2321 N.W. 41ST STREET STE A-2 GAINESVILLE FL 32606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RICHARD HORD 3529 NW 18 PLACE GAINESVILLE, FL 32605	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SPAIN, SUSAN B 2321 N.W. 41ST STREET STE A-2 GAINESVILLE FL 32606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV JUDY COUSINS 3525 NW 18 AVENUE GAINESVILLE, FL 32605	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST COOPER, MICHAEL J 2321 AR NW 41ST ST GAINESVILLE FL 32606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST GEORGE MAZZEO 3523 NW 18 PLACE GAINESVILLE, FL 32605	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 empowered.

SIGNATURE: _____ 22 April 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #