

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003927

FILED
Apr 03, 2009
Secretary of State

Entity Name: WILLOWCROFT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3529 NW 18TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

500 NW 43RD STREET
STE 300
GAINESVILLE, FL 32607

Current Mailing Address:

PMB 286
P.O. BOX 147050
GAINESVILLE, FL 326147050

New Mailing Address:

500 NW 43RD STREET
STE 300
GAINESVILLE, FL 32607

FEI Number: 59-3607826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORD, RICHARD
3509 NW 18TH PLACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

CORNERSTONE PROPERTY SOLUTIONS OF NORTH CE
500 NW 43RD STREET
STE 300
GAINESVILLE, FL 32607 US

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.

SIGNATURE: EUGENE HAUFLE

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HORD, RICHARD
Address: 3529 NW 18 PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: DV () Delete
Name: COUSINS, JUDY
Address: 3525 NW 18 AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: DST () Delete
Name: MAZZEO, GEORGE
Address: 3523 NW 18 PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HALL, BARBARA
Address: 3505 NW 18TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: KURDZIEL, KENNETH
Address: 3619 NW 18TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Change (X) Addition
Name: LOTZ, LINDA
Address: 3518 NW 18TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA HALL

DP

04/03/2009

Electronic Signature of Signing Officer or Director

Date