

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003927

FILED  
Mar 28, 2011  
Secretary of State

**Entity Name:** WILLOWCROFT OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

500 NW 43RD STREET  
3  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

500 NW 43RD STREET  
3  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 59-3607826

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORNERSTONE PROPERTY SOLUTIONS  
500 NW 43RD STREET  
3  
GAINESVILLE, FL 32607 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RICHARD, HORDE  
Address: 3529 NW 18TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: P  
Name: RYDEN, SALLY  
Address: 1841 NW 35 WAY  
City-St-Zip: GAINESVILLE, FL 32605

Title: ST  
Name: KURDZIEL, KENNETH  
Address: 3619 NW 18TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D  
Name: GRAY, MYRNA  
Address: 3610 NW 18 PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D  
Name: HOWELL, ANDY  
Address: 3522 NW 18TH AVE  
City-St-Zip: GAINESVILLE, FL 32605

I hereby 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 all other like empowered.

SIGNATURE: SALLY RYDEN

P

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date