

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000005122**

1. Entity Name  
**WILLOUGHBY GLEN HOMEOWNERS ASSOCIATION, INC.**

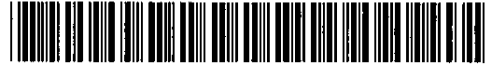


Principal Place of Business

%FLORIDA 1ST ASSOCIATION MANAGEMENT  
1165 E. BLUE HERON BLVD., SUITE A  
RIVIERA BEACH, FL 33404

Mailing Address

%FLORIDA 1ST ASSOCIATION MANAGEMENT  
1165 E. BLUE HERON BLVD., SUITE A  
RIVIERA BEACH, FL 33404



01072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0968512** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROSS EARLE & BOMAN, P.A.**  
759 S. FEDERAL HIGHWAY  
SUITE 212  
STUART, FL 34994

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000876619  
04/11/08-80077-021 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HALL, DONALD C  
914 SE WESTMINSTER PLACE  
STUART, FL 33497**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BURKE, TERRY  
1064 SE WESTMINSTER PL  
STUART, FL 33497**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BROSCHKE, BOB  
1093 SE WESTMINSTER PL  
STUART, FL 33497**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
SWANSON, JENNY  
908 SE WESTMINSTER PL  
STUART, FL 33497**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
CADIGAN, LOUISE  
1118 SE WESTMINSTER PL  
STUART, FL 33497**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/2008**  
Date

**772-468-2685**  
Daytime Phone #