


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90090 020 ****61.25

DOCUMENT # N99000005538 1. Entity Name WILLOW CREEK RESIDENTS' ASSOCIATION, INC.					
Principal Place of Business C/O GULF BREEZE MGMT SVCS., LLC 27725 OLD 41 RD STE. 104 BONITA SPRINGS, FL 34135				Mailing Address C/O GULF BREEZE MGMT SVCS., LLC 27725 OLD 41 RD STE. 104 BONITA SPRINGS, FL 34135	
2. Principal Place of Business - No P.O. Box # 8910 Terrene Court Suite, Apt. #, etc. Suite 200		3. Mailing Address 8910 Terrene Court Suite, Apt. #, etc. Suite 200			
City & State 		City & State 		4. FEI Number 59-3705960	
Zip 		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01042007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent WEIDNER, RALPH L 27725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name Gulf Breeze Management Services, LLC Street Address (P.O. Box Number is Not Acceptable) 8910 Terrene Court Suite 200 City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	PD VANDERWILT, ROBERT 9124 SPRING RUN BLVD BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAJDOWSKI, DAVID 9208 SPRING RUN BLVD BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALSH, THOMAS M 9120 SPRING RUN BLVD. BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <u>Robert Vanderwilt</u> 1/23/07 390-32250 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert Vanderwilt Daytime Phone # 390-32250					