

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005538

FILED
Apr 15, 2009
Secretary of State

Entity Name: WILLOW CREEK RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

% GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE COURT SUITE 200
BONITA SPRINGS, FL 34135

New Principal Place of Business:

%GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135

Current Mailing Address:

% GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE COURT SUITE 200
BONITA SPRINGS, FL 34135

New Mailing Address:

%GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135

FEI Number: 59-3705960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIDNER, RALPH L
% GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE CT. STE 200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

WEIDNER, RALPH L
% GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 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:

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: CHADWICK, JACK
Address: 9136 SPRING RUN BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD () Delete
Name: TEDESCO, FRED
Address: 9216 SPRING RUN BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD () Delete
Name: WALSH, THOMAS M
Address: 9120 SPRING RUN BLVD.
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: CHADWICK, JACK W
Address: 9136 SPRING RUN BLVD.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD (X) Change () Addition
Name: TEDESCO, FRED
Address: 9216 SPRING RUN BLVD.
City-St-Zip: BONITA SPRINGS, FL 34135

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

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: THOMAS M. WALSH

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date