FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -1 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733947 (6)

1. Corporation Name

WILLOW LAKE ASSOCIATION OF KENNETH CITY, INC.

Principal Place of Business	Mailing Address
300 31ST ST. N., SUITE 125 P.O. BOX 12709 ST. PETERSBURG FL 33733-9709	300 31ST ST. N., SUITE 125 P.O. BOX 12709 ST. PETERSBURG FL 33733-9709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1975
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-1539620 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CALLOS, HARRY R.
300 31 ST ST. N., SUITE 125
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name: Richard DUHAMEL
82 Street Address (P.O. Box Number is Not Acceptable): 300 31st Street N Suite 125
83: St Petersburg, FL 33713
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Richard Duhamel I am Richard Duhamel 2-21-95
Signature, typed or printed name of registered agent and title if applicable. (Signature of Registered Agent agreement required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	DILORENZO, THOMAS	1.2 NAME	
STREET ADDRESS	6400 46TH AVE., N. #314	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENNETH CITY FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	OSTERMAN, LAWRENCE A.	2.2 NAME	
STREET ADDRESS	6400 46TH AVE., N. #311	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENNETH CITY FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	SCREECHFIELD, ANNA	3.2 NAME	
STREET ADDRESS	6400 46TH AVE. N #307	3.3 STREET ADDRESS	
CITY-ST-ZIP	KENNETH CITY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	FRIDLUND, RUTH	4.2 NAME	
STREET ADDRESS	6400 46TH AVENUE N. #208	4.3 STREET ADDRESS	
CITY-ST-ZIP	KENNETH CITY FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	VOGEL, ETHEL	5.2 NAME	
STREET ADDRESS	6400 46TH AVE., N. #206	5.3 STREET ADDRESS	
CITY-ST-ZIP	KENNETH CITY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T Lorenzo M D Lorenzo THOMAS 2-24-95 813 845-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
DiLorenzo

00T4060