FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 09/29/1975
3a. Date of Last Report: 03/01/1995

2. Principal Place of Business	2a. Mailing Address
21 3001 EXECUTIVE DR	26 3001 EXECUTIVE DR
Suite, Apt. #, etc. 22 SUITE 260	Suite, Apt. #, etc. 27 SUITE 260
City & State 23 Clearwater FL	City & State 28 Clearwater FL
Zip 24 34622 Country 25 USA	Zip 29 34622 Country 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DUHAMEL, RICHARD
300 31ST STREET NORTH
SUITE 125
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3001 EXECUTIVE DR
83 SUITE 260
84 City Clearwater, FL **FL** 85 Zip Code 34622

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE RICHARD DUHAMEL — Richard Duhamel — 3-20-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Thomas M D. Lorenzo Thomas DILORENZO 3/29/96 813 573-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #