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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
3001 EXECUTIVE SR SUITE 260 CLEARWATER FL 34622 US	3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 34622 US

2. Principal Place of Business	2a. Mailing Address
21 3001 EXECUTIVE DR.	26 3001 EXECUTIVE DR
Suite, Apt. #, etc. 22 260	Suite, Apt. #, etc. 27 260
City & State 23 CLEARWATER, FL	City & State 28 CLEARWATER, FL
Zip 24 33762 Country 25 USA	Zip 29 33762 Country 30 USA

3. Date Incorporated or Qualified: 09/29/1975

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DUHAMEL, RICHARD
3001 EXECUTIVE DR SUITE 260
SUITE 125
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name: Condominium Associates

82 Street Address (P.O. Box Number is Not Acceptable): 3001 Executive Drive Suite 260

83

84 City: Clearwater **FL** 85 Zip Code: 33762

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: Condominium Associates By Craig D. Caldwell Vice Pres. DATE: 1-29-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 AE N #116		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	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DILORENZO, MARGARET		3.2 NAME		
STREET ADDRESS	6400 46TH AVENUE N #116		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 (10/97)

14. I hereby certify that the information supplied with this filing 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: Thomas M. DiLorenzo 2-20-98 813-573-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #