

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90074 029 ****61.25

DOCUMENT # 733947

1. Corporation Name

WILLOW LAKE ASSOCIATION OF KENNETH CITY, INC.

525011 - 90074 - 29

Principal Place of Business

3001 EXECUTIVE DR
SUITE 260
CLEARWATER FL 34622
US

Mailing Address

3001 EXECUTIVE DR
SUITE 260
CLEARWATER FL 34622
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

9. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR
SUITE 260
CLEARWATER FL 33762

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DILORENZO, THOMAS
STREET ADDRESS 6400 46TH AE N #116
CITY-ST-ZIP KENNETH CITY FL

TITLE VD
NAME OSTERMAN, LAWRENCE A.
STREET ADDRESS 6400 46TH AVE., N. #311
CITY-ST-ZIP KENNETH CITY FL

TITLE DS
NAME DILORENZO, MARGARET
STREET ADDRESS 6400 46TH AVENUE N #116
CITY-ST-ZIP KENNETH CITY FL

TITLE D
NAME FRIDLUND, RUTH
STREET ADDRESS 6400 46TH AVENUE N. #208
CITY-ST-ZIP KENNETH CITY FL

TITLE TD
NAME VOGEL, ETHEL
STREET ADDRESS 6400 46TH AVE., N. #206
CITY-ST-ZIP KENNETH CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

Daytime Phone #

CR2E037 (1/98)