

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90183 020 ****61.25

DOCUMENT # 733947

1. Entity Name

WILLOW LAKE ASSOCIATION OF KENNETH CITY, INC.



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1539620**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR
SUITE 260
CLEARWATER FL 33762**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIORENZO, THOMAS 6400 46TH AE N #116 KENNETH CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILL, CAROLE 6400 46TH AVE N #205 KENNETH CITY FL 33709	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DIORENZO, MARGARET 6400 46TH AVENUE N #116 KENNETH CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRIDLUND, RUTH 6400 46TH AVENUE N. #208 KENNETH CITY FL 33709	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VOGEL, ETHEL 6400 46TH AVE., N. #206 KENNETH CITY FL 33709	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

CR2E037 (10/02)