

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 24 PM 2:21

DOCUMENT # 749614 (4)

1. Corporation Name  
WILLOWOOD GARDENS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address  
6801 WILLOWOOD DR 6801 WILLOWOOD DR  
100 100  
BOCA RATON FL 33434-3531 BOCA RATON FL 33434-3531

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/01/1979 3a. Date of Last Report 03/17/1994  
4. FEI Number 59-1992700 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent  
FELDMAN, JOEL  
4800 N. FEDERAL HWY.  
TOWER D. STE. 207  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent  
81 Name William K. Isaacson  
82 Street Address (P.O. Box Number is Not Acceptable) 5295 Town Center Road  
83 Suite 200  
84 City Boca Raton FL 85 Zip Code 33486

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 officer 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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VTD KALMAN, HERBERT 6890 WILLOWOOD DR #203 BOCA RATON, FL 00000  
D DENMARK, BERNHARDT 6904 WILLOWOOD DR #107 BOCA RATON, FL 00000  
S BRINDIS, LENORE 6898 WILLOWOOD DR #1704 BOCA RATON FL  
D WEBBER, MURIEL 6852 WILLOWOOD DR #503 BOCA RATON FL  
PD FRIEDMAN, MORTON 6828 WILLOWOOD DR. #707 BOCA RATON, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME Malcolm Fellman  
4.3 STREET ADDRESS 6826 Willow Wood Dr. #703  
4.4 CITY-ST-ZIP Boca Raton, FL 33434  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Walter Isaacson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/10/95 407 483 8378  
Date (month/year)