

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90085 038 ****61.25

DOCUMENT # 750413

1. Entity Name

WILLOW POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10100 SEMINOLE ISLAND DRIVE
 LARGO FL 33773
 US

103 CLEVELAND AVE SW
 LARGO FL 33770-3604
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2157863

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

RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVENUE SW
~~SUITE 4~~
LARGO FL 33770

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **TD CHIODINI, JOE**
 STREET ADDRESS **9011 ST ANDREWS DR**
 CITY-ST-ZIP **LARGO FL 33777**

TITLE Change Addition
 NAME **TSD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD ENDERLE, JOE**
 STREET ADDRESS **10156 SEMINOLE ISLAND DR**
 CITY-ST-ZIP **LARGO FL 33773**

TITLE Change Addition
 NAME **ESMONDE, DARWIN PD**
 STREET ADDRESS **10160 SEMINOLE ISLAND DR.**
 CITY-ST-ZIP **LARGO, FL 33773**

TITLE Delete
 NAME **VD BROSE, RANDY**
 STREET ADDRESS **10120 SEMINOLE ISLAND DR**
 CITY-ST-ZIP **LARGO FL 33773**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD MAURER, DORIS**
 STREET ADDRESS **10134 SEMINOLE ISLAND DR**
 CITY-ST-ZIP **LARGO FL 33773**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CASHMAN, JOE**
 STREET ADDRESS **10196 SEMINOLE ISLAND DR**
 CITY-ST-ZIP **LARGO FL 33773**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D COFFIN, LOUISE**
 STREET ADDRESS **10200 SEMINOLE ISLAND DRIVE**
 CITY-ST-ZIP **LARGO FL**

TITLE Change Addition
 NAME **D. LAVENDER, BEVERLY**
 STREET ADDRESS **10216 SEMINOLE ISLAND DR.**
 CITY-ST-ZIP **LARGO, FL. 33773**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/00

Date

Daytime Phone #

CR2E037 (9/99)