


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

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-28-2003 90082 004 ****61.25

DOCUMENT # 750413

1. Entity Name
WILLOW POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**10100 SEMINOLE ISLAND DR
LARGO FL 33773
US**

Mailing Address
**103 CLEVELAND AVE SW
LARGO FL 33770
US**

2. Principal Place of Business
7300 PARK ST.

3. Mailing Address
7300 PARK ST

Suite, Apt. #, etc.
Seminole

Suite, Apt. #, etc.
Seminole



CHECK HERE IF MAKING CHANGES

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

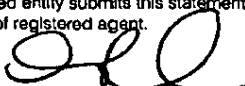
THOMAS, DOROTHY
RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVENUE SW
LARGO FL 33770

Name **Resource Property Mgmt**

Street Address (P.O. Box Number is Not Acceptable)
7300 PARK ST

City **Seminole** FL Zip Code **33777**

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  DATE **3-12-03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TALBERT, KEN 10220 SEMINOLE ISLAND DR LARGO FL 33773	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAVENDER, BEVERLY 10216 SEMINOLE ISLAND DR LARGO FL 33773	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASE, RUSSELL 10116 SEMINOLE ISLAND DR LARGO FL 33773	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LONKS, ANDY 10180 SEMINOLE ISLAND DR LARGO FL 33770	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURER, DORIS 10134 SEMINOLE ISLAND DR LARGO FL 33773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pam Esimond 10160 Seminole Island Dr Largo FL 33773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOE ENDERLE 10156 Seminole Island Dr Largo FL 33773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Marilyn Scott 10222 Seminole Island Dr Largo FL 33773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Charles Brown 10110 Seminole Island Dr Largo FL 33773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Michelle Arnold 10204 Seminole Island Dr Largo FL 33773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)