

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -3 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **752443** (2)

1. Corporation Name
WILLOW WOOD MID-ROSE CONDOMINIUM II 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 05/13/1980	3a. Date of Last Report 03/16/1994
4. FEI Number 59-2001061	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent
**LANG MANAGEMENT CO.
5295 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 33486**

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

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 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and the 4 applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GREENE, ED
STREET ADDRESS	19576 PLANTERS POINT DRIVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	PD
NAME	GABAY, JOSEPH
STREET ADDRESS	6845 WILLOWOOD DR
CITY-ST-ZIP	BOCA RATON FL
TITLE	SD
NAME	KATZ, ABE
STREET ADDRESS	6845 WILLOWOOD DRIVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	VTD
NAME	FAYNE, ANNETTE
STREET ADDRESS	6845 WILLOWOOD DR
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	SILVERMAN, LEONARD
STREET ADDRESS	6815 WILLOWOOD DR
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Harvey LaMontagne
13 STREET ADDRESS	6815 Willow Wood Dr.
14 CITY-ST-ZIP	Boca Raton, FL 33434
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	delete
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Silverman, Leonard
53 STREET ADDRESS	6815 Willow Wood Dr.
54 CITY-ST-ZIP	Boca Raton, FL 33434
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 secretary 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 attached sheet with an address.

SIGNATURE: Leonard Silverman 1-24-95 407-483-7356
LEONARD SILVERMAN (Type Name)