

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 752443 (2)**  
1. Corporation Name  
**WILLOW WOOD MID-ROSE CONDOMINIUM II ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **05/13/1980**  
3a. Date of Last Report: **03/03/1995**

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **\$9-2001061**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	<del>D</del> <input type="checkbox"/> DELETE	11 TITLE	VP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMONTAGNE, HARVEY	12 NAME	
STREET ADDRESS	6815 WILLOW WOOD DRIVE	13 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	14 CITY - ST - ZIP	
TITLE	<del>PD</del> <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>GABAY, JOSEPH</del>	22 NAME	
STREET ADDRESS	<del>6845 WILLOWOOD DR</del>	23 STREET ADDRESS	
CITY - ST - ZIP	<del>BOCA RATON FL</del>	24 CITY - ST - ZIP	
TITLE	<del>SD</del> <input checked="" type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>KATZ, ABE</del>	32 NAME	
STREET ADDRESS	<del>6845 WILLOWOOD DRIVE</del>	33 STREET ADDRESS	
CITY - ST - ZIP	<del>BOCA RATON FL</del>	34 CITY - ST - ZIP	
TITLE	<del>VPD</del> <input type="checkbox"/> DELETE	41 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, LEONARD	42 NAME	
STREET ADDRESS	6815 WILLOWOOD DR	43 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	SD
STREET ADDRESS		53 STREET ADDRESS	WHITEMAN, LEONORE
CITY - ST - ZIP		54 CITY - ST - ZIP	6815 WILLOWOOD DR.
TITLE	<input type="checkbox"/> DELETE	61 TITLE	BOCA RATON, FL
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leonard Silverman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 3/7/96  
Daytime Phone #: 483-7356

CR2E037 (12/95)