

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90024 001 \*\*\*\*61.25

**DOCUMENT # 757236**

1. Entity Name

WILLOW BEND ASSOCIATION, INC.



Principal Place of Business

3825 MEED DRIVE  
LAKE WORTH, FL 33467

Mailing Address

3825 MEED DRIVE  
LAKE WORTH, FL 33467

J4U11UJU



01292004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2163131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GELFAND, MICHAEL J  
GELFAND & ARPE, P.A.  
250 S AUSTRALIAN AVE, STE 1010  
WEST PALM BEACH, FL 33401-5014

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GROSSMAN, BERNARD
STREET ADDRESS	3825 MEED DRIVE SOUTH
CITY - ST - ZIP	LAKE WORTH, FL
TITLE	V
NAME	ANKLOWITZ, HERBERT
STREET ADDRESS	3825 MEED DRIVE SOUTH
CITY - ST - ZIP	LAKE WORTH, FL
TITLE	D
NAME	CHAIT, RACHEL
STREET ADDRESS	3825 MEED DRIVE SOUTH
CITY - ST - ZIP	LAKE WORTH, FL
TITLE	D
NAME	HAUSMAN, VICTOR
STREET ADDRESS	3825 MEED DRIVE SOUTH
CITY - ST - ZIP	LAKE WORTH, FL
TITLE	D
NAME	HILF, SIDNEY
STREET ADDRESS	3825 MEED DRIVE SOUTH
CITY - ST - ZIP	LAKE WORTH, FL
TITLE	D
NAME	KAUFMAN, ANITA
STREET ADDRESS	3825 MEED DRIVE SOUTH
CITY - ST - ZIP	LAKE WORTH, FL

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/04 561-437-3898