

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90132 019 \*\*\*\*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**

**50006308**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122006 Chg-NP CR2E037 (11/05)

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**

**7. Name and Address of New Registered Agent**

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. 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, 2006**

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 PD ☐ Delete  
NAME GROSSMAN, BERNARD  
STREET ADDRESS 3825 MEED DRIVE SOUTH  
CITY-ST-ZIP LAKE WORTH, FL

TITLE T ☒ Delete  
NAME GOLDBERG, JUDI  
STREET ADDRESS 3825 MEED DRIVE SOUTH  
CITY-ST-ZIP LAKE WORTH, FL

TITLE VP ☐ Delete  
NAME BELETS, JOSEPH  
STREET ADDRESS 3825 MEED DRIVE SOUTH  
CITY-ST-ZIP LAKE WORTH, FL

TITLE D ☐ Delete  
NAME ANKLOWITZ, HERBERT  
STREET ADDRESS 3825 MEED DRIVE SOUTH  
CITY-ST-ZIP LAKE WORTH, FL

TITLE D ☐ Delete  
NAME HILF, SIDNEY  
STREET ADDRESS 3825 MEED DRIVE SOUTH  
CITY-ST-ZIP LAKE WORTH, FL

TITLE D ☐ Delete  
NAME KAUFMAN, ANITA  
STREET ADDRESS 3825 MEED DRIVE SOUTH  
CITY-ST-ZIP LAKE WORTH, FL

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **KORENBAUM, ROSLYN**  
STREET ADDRESS **3825 MEED DRIVE SOUTH**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

*Joseph Belets*  
**JOSEPH BELETS**  
V.P.

Date

Daytime Phone #

**561-964-4240**