

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 # 760303 (8)

1. Corporation Name
WILLOW WOODS TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business: 7929 TAN O'SHANTER BLVD. NORTH LAUDERDALE FL 33068
Mailing Address: % BENCHMARK PROP. MGMT. 7932 WILES RD. CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified 10/06/1981	3a. Date of Last Report 04/24/1995
4. FEI Number 59-2262537	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent HENDERSHOT, CHARLES W 7929 TAM O'SHANTER BLVD. N. LAUDERDALE FL 33068				10. Name and Address of New Registered Agent			
81. Name	Thomas Tramutola			85. Zip Code	33068		
82. Street Address (P.O. Box Number is Not Acceptable)	7831 Tam O'Shanter Blvd.						
83.							
84. City	N. Lauderdale	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: *Thomas Tramutola* DATE: **3-27-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HENDERSHOT, CHARLES W			1.2 NAME	Thomas Tramutola		
STREET ADDRESS	7929 TAM O'SHANTER BLVD.			1.3 STREET ADDRESS	7831 Tam O'Shanter Blvd.		
CITY-ST-ZIP	N. LAUDERDALE FL			1.4 CITY-ST-ZIP	N. Lauderdale, FL 33068		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALBERTY, OSVALDO			2.2 NAME	Tom Scott		
STREET ADDRESS	7925 TAM O'SHANTER BLVD			2.3 STREET ADDRESS	7873 Tan O'Shanter Blvd.		
CITY-ST-ZIP	N. LAUDERDALE FL			2.4 CITY-ST-ZIP	N. Lauderdale, FL 33068		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GEHRON, EDWARD			3.2 NAME	Cynthia Foote		
STREET ADDRESS	7847 TAM O'SHANTER BLVD			3.3 STREET ADDRESS	7947 Tan O'Shanter Blvd.		
CITY-ST-ZIP	N LAUDERDALE FL			3.4 CITY-ST-ZIP	N. Lauderdale, FL 33068		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Thea Parvin		
STREET ADDRESS				4.3 STREET ADDRESS	7829 Tan O'Shanter Blvd.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	N. Lauderdale, FL 33068		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	Oswaldo Alberty		
STREET ADDRESS				5.3 STREET ADDRESS	7925 Tan O'Shanter		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	N. Lauderdale, FL 33068		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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: *Thomas Tramutola* DATE: **3-27-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)