

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760303 (8)**  
1. Corporation Name  
**WILLOW WOODS TOWNHOUSE ASSOCIATION, INC.**



Principal Place of Business <b>7829 TAN O'SHANTER BLVD. NORTH LAUDERDALE FL 33068</b>	Mailing Address <b>% BENCHMARK PROP. MGMT. 7932 WILES RD. CORAL SPRINGS FL 33067-2071</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/06/1981</b>	3a. Date of Last Report <b>04/17/1996</b>
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2262537</b>	Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THOMAS TRAMUTOLA 7831 TAM O'SHANTER BLVD N. LAUDERDALE FL 33068</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS TRAMUTOLA</b>	1.2 NAME	<b>Cindy Foote</b>
STREET ADDRESS	<b>7831 TAM O'SHANTER BLVD</b>	1.3 STREET ADDRESS	<b>7947 Tam O'Shanter Blvd.</b>
CITY-ST-ZIP	<b>N LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	<b>N. Lauderdale, FL 33068</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>V/D</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>TOM SCOTT</b>	2.2 NAME	
STREET ADDRESS	<b>7873 TAM O'SHANTER BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEHRON, EDWARD</b>	3.2 NAME	
STREET ADDRESS	<b>7847 TAM O'SHANTER BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N LAUDERDALE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THEA PARVIN</b>	4.2 NAME	
STREET ADDRESS	<b>7829 TAM O'SHANTER BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N LAUDERDALE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSVALDO ALBERTY</b>	5.2 NAME	
STREET ADDRESS	<b>7925 TAM O'SHANTER</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N LAUDERDALE FL</b>	5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_