

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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. 7832 WILES RD. CORAL SPRINGS FL 33067</b>
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3. Date Incorporated or Qualified  
**10/06/1981**

4. FEI Number <b>59-2262537</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
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22 City & State	27 City & State
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23 Zip	28 Country	29 Zip	30 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

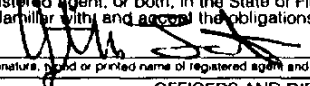
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS TRAMUTOLA  
7831 TAM O'SHANTER BLVD  
N. LAUDERDALE FL 33068**

81 Name <b>Cindy Foote</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7947 Tam O'Shanter Blvd.</b>
83
84 City <b>N. Lauderdale</b>
85 Zip Code <b>FL 33068</b>

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/15/98**

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>THOMAS TRAMUTOLA</b>	
STREET ADDRESS <b>7831 TAM O'SHANTER BLVD</b>	
CITY-ST-ZIP <b>N LAUDERDALE FL</b>	

TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>TOM SCOTT</b>	
STREET ADDRESS <b>7873 TAM O'SHANTER BLVD</b>	
CITY-ST-ZIP <b>N LAUDERDALE FL</b>	

TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>FOOTE, CINDY</b>	
STREET ADDRESS <b>7947 TAM O'SHANTER BLVD.</b>	
CITY-ST-ZIP <b>N LAUDERDALE FL</b>	

TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>THEA PARVIN</b>	
STREET ADDRESS <b>7829 TAM O'SHANTER BLVD</b>	
CITY-ST-ZIP <b>N LAUDERDALE FL</b>	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Cindy Foote</b>	
1.3 STREET ADDRESS <b>7947 Tam O'Shanter Blvd.</b>	
1.4 CITY-ST-ZIP <b>N. Lauderdale, FL 33068</b>	

2.1 TITLE <b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Teri Burgess</b>	
2.3 STREET ADDRESS <b>7815 Tam O'Shanter Blvd.</b>	
2.4 CITY-ST-ZIP <b>N. Lauderdale, FL 33068</b>	

3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Raquel Arroyo</b>	
3.3 STREET ADDRESS <b>7943 Tam O'Shanter Blvd.</b>	
3.4 CITY-ST-ZIP <b>N. Lauderdale, FL 33068</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)