FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90222 029 ****61.25

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DOCUMENT # 760303

1. Corporation Name
WILLOW WOODS TOWNHOUSE ASSOCIATION, INC.

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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 10/06/1981 4. FEI Number 59-2262537 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOOTE, CINDY 7947 TAM O'SHANTER BLVD N LAUDERDALE FL 33068	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
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	☐ DELETE	1.1 TITLE	S/D	☒ Change ☐ Addition
NAME	FOOTE, CINDY		1.2 NAME	Terri Burgess	
STREET ADDRESS	7947 TAM O'SHANTER BLVD		1.3 STREET ADDRESS	7815 Tam O'Shanter Blvd.	
CITY-ST-ZIP	N LAUDERDALE FL 33068		1.4 CITY-ST-ZIP	N. Lauderdale, FL 33068	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TOM SCOTT		2.2 NAME		
STREET ADDRESS	7873 TAM O'SHANTER BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	N LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FOOTE, CINDY		3.2 NAME		
STREET ADDRESS	7947 TAM O'SHANTER BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	N LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THEA PARVIN		4.2 NAME		
STREET ADDRESS	7829 TAM O'SHANTER BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	N LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BURGESS, TERI		5.2 NAME		
STREET ADDRESS	7815 TAM O'SHANTER BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	N LAUDERDALE FL 33068		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ARROYO, RAQUEL		6.2 NAME		
STREET ADDRESS	7943 TAM O'SHANTER BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	N LAUDERDALE FL 33068		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Terri Burgess SIGNATURE REQUIRED Terri Burgess 3-2-99 (954)485-2115 (wk)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #