

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760303

1. Entity Name

WILLOW WOODS TOWNHOUSE ASSOCIATION, INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90010 010 ****61.25

Principal Place of Business

7929 TAM O'SHANTER BLVD.
NORTH LAUDERDALE FL 33068

Mailing Address

% BENCHMARK PROP. MGMT.
7932 WILES RD.
CORAL SPRINGS FL 33067-2071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2262537

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOOTE, CINDY
7947 TAM O'SHANTER BLVD
N LAUDERDALE FL 33068

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	BURGESS, TERRI	
STREET ADDRESS	7815 TAM O'SHANTER BLVD	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TOM SCOTT	
STREET ADDRESS	7873 TAM O'SHANTER BLVD	
CITY-ST-ZIP	N LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURGESS, TERI	
STREET ADDRESS	7815 TAM O'SHANTER BLVD	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARROYO, RAQUEL	
STREET ADDRESS	7943 TAM O'SHANTER BLVD	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parks, Sylvester	
STREET ADDRESS	7807 Tam O'Shanter Blvd	
CITY-ST-ZIP	No. Lauderdale, FL 33068	
TITLE	Director-VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Houch, Robert	
STREET ADDRESS	9349 NW 53 Ct	
CITY-ST-ZIP	sunrise, FL 33351-7719	
TITLE	Pres-Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Foote, Cynthia	
STREET ADDRESS	7947 Tam O'Shanter Blvd	
CITY-ST-ZIP	No. Lauderdale, FL 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

954-344-5353

1/26/00

Date

Daytime Phone #

CR2E037 (9/99)