

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90006 011 \*\*\*\*61.25

**DOCUMENT # 760303**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2262537**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAYE & ROGER, P.A.  
 6261 NW 6 WAY, SUITE 103  
 FORT LAUDERDALE FL 33309**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Delete  
 NAME: **SD BURGESS, TERRI**  
 STREET ADDRESS: **7815 TAM O'SHANTER BLVD**  
 CITY-ST-ZIP: **N LAUDERDALE FL 33068**

TITLE:  Change  Addition  
 NAME: **Director-Pres Foote, Cynthia**  
 STREET ADDRESS: **7947 Tam O'Shanter Blvd**  
 CITY-ST-ZIP: **No. Lauderdale, FL 33068**

TITLE:  Delete  
 NAME: **TD BURGESS, TERI**  
 STREET ADDRESS: **7815 TAM O'SHANTER BLVD**  
 CITY-ST-ZIP: **N LAUDERDALE FL 33068**

TITLE:  Change  Addition  
 NAME: **Director-VP Houch, Robert**  
 STREET ADDRESS: **9349 IW 53 Ct**  
 CITY-ST-ZIP: **Sunrise FL 33351**

TITLE:  Delete  
 NAME: **D PARKS, SYLVESTER**  
 STREET ADDRESS: **7807 TAM O SHANTER BLVD**  
 CITY-ST-ZIP: **NO LAUDERDALE FL 33068**

TITLE:  Change  Addition  
 NAME: **Director Thompson, Anna**  
 STREET ADDRESS: **7803 Tam O'Shanter Blvd**  
 CITY-ST-ZIP: **No Lauderdale, FL 33068**

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

12. 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 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:** \_\_\_\_\_ **SIGNATURES REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01

Date

Daytime Phone #

CP2E037 (10/00)