

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769274

1. Entity Name

THE WILLOWS FIRST ADDITION HOMEOWNERS ASSOCIATIO ✓

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90161 009 ****61.25

Principal Place of Business P.O. BOX 618539 ORLANDO FL 32861	Mailing Address P.O. BOX 618539 ORLANDO FL 32861
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-2359367	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

DIXON, MARGO
~~4899 SPRING RUN AVE~~
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name: **ANGELA HAYES**
 Street Address (P.O. Box Number is Not Acceptable):
4713 ALMOND WILLOW DRIVE
 City: **ORLANDO** FL Zip Code: **32808**

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: Angela Hayes *[Signature]* DATE: July 10-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MARTHA CLARK 3333 S. ATLANTIC AVE #808 DAYTONA BEACH SHORES, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MARK MUELLER 4880 SPRING RUN AVE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DORIS MAYHUE 621 CEDAR ST. DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete JACK LARIBE 4205 TIMBERWOOD LN ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GLEASON, JAMES 856 HAMMOCKS DR. OCFEE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT ANN SMITH 8603 SNOWFIRE DR. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE-PRES. NANCY A. BROCKMAN 2043 SAWGRASS DR. APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TREAS. ANGELA HAYES 4713 ALMOND WILLOW DR. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SEC. WILLIAM H. BROCKMAN 2043 SAWGRASS DR APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR ROBERT RILEY 8523 SUNSPRITE CT. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: W. G. D. [Signature] SECRETARY 7/10/00 407-886-3013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)