

2002 UNIFORM BUSINESS REPORT (UBR)

000628

DOCUMENT # N00000001521

1. Entity Name

WILLOW WALK PROPERTY OWNERS' ASSOCIATION, INC.

FILED

02 APR 16 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11635 NORTHWEST 1ST AVENUE
GAINESVILLE FL 32607

Mailing Address

11635 NORTHWEST 1ST AVENUE
GAINESVILLE FL 32607

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

59-3631143

Applied For

Not Applicable

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

CURTIS, JOHN M SR.
11635 NORTHWEST 1ST AVENUE
GAINESVILLE FL 32607

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 PD
NAME CURTIS, JOHN M SR.
STREET ADDRESS 11635 NORTHWEST 1ST AVENUE
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

TITLE BK
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME CURTIS, GAIL W
STREET ADDRESS 11635 NORTHWEST 1ST AVENUE
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600005418416-7
-05/01/02-01081-008
*****70.00 *****70.00

TITLE SD
NAME CURTIS, JOHN M JR.
STREET ADDRESS 11635 NORTHWEST 1ST AVENUE
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

John M. Curtis
President

4/10/02

352-332-0838

CR2E037 (9/01)