

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/24

**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90037 050 \*\*\*\*61.25

**DOCUMENT # N00000005044**

1. Entity Name

**WILLOW STREET PROPERTIES HOMEOWNERS ASSOCIATION,**



Principal Place of Business: 5002 N HOWARD AVE TAMPA FL 33603  
 Mailing Address: 5002 N HOWARD AVE TAMPA FL 33603

2. Principal Place of Business: Suite, Apt. #, etc. City & State  
 3. Mailing Address: Suite, Apt. #, etc. City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number  Applied For  Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: AGLIANO, SAM 5002 N HOWARD AVE TAMPA FL 33603  
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refiled.)

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: <b>PRESIDENT</b> NAME: <b>SAM AGLIANO</b> STREET ADDRESS: <b>3612 MULLEN AVE</b> CITY-ST-ZIP: <b>TAMPA, FL 33609</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: <b>FRANK AGLIANO</b> STREET ADDRESS: <b>45 SPANISH MAIN</b> CITY-ST-ZIP: <b>TAMPA, FL 33629</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: <b>SARAH RIJAS</b> STREET ADDRESS: <b>4510 WATROUS AVE</b> CITY-ST-ZIP: <b>TAMPA, FL 33629</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: <b>DAVID AGLIANO</b> STREET ADDRESS: <b>1511 SHERIDAN FOREST</b> CITY-ST-ZIP: <b>TAMPA, FL 33629</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	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)(f), 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: SAM AGLIANO  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/19/01 813-877-8267  
Date Daytime Phone

*Sam Agliano*

6/8/01

CR2007 (10/00)