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FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03702 (0)
1. Corporation Name
WILLOWBROOK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 315 MEADOWS DR. LANTANA FL 33462
Mailing Address: 315 MEADOWS DR. LANTANA FL 33462-4961

3. Date Incorporated or Qualified: 06/15/1984
3a. Date of Last Report: 03/22/1996

2. Principal Place of Business (21), Suite, Apt #, etc. (22), City & State (23), Zip (24), Country (25)
2a. Mailing Address (26), Suite, Apt #, etc. (27), City & State (28), Zip (29), Country (30)

4. FEI Number: 59-2453460
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

8. Name and Address of Current Registered Agent
REID, PHILIP H PA
340 ROYAL PALM WAY
PALM BEACH FL 33480

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUGHBANKS, PAUL	
STREET ADDRESS	224 MEADOWS DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAGAN JEAN	
STREET ADDRESS	92 MEADOWS DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHEPHERD, HOWARD	
STREET ADDRESS	144 MEADOWS DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, CORY	
STREET ADDRESS	204 MEADOWS DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RAMSEYER, PATRICIA	
STREET ADDRESS	203 MEADOWS DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462-4940	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JANICE Zeller	
1.3 STREET ADDRESS	74 Meadows Drive	
1.4 CITY-ST-ZIP	Boynton Beach, Fla 33462	
2.1 TITLE	V President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joe Lesko	
2.3 STREET ADDRESS	184 Meadows Drive	
2.4 CITY-ST-ZIP	Boynton Beach, Fla 33462	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jean Hagan	
3.3 STREET ADDRESS	92 Meadows Drive	
3.4 CITY-ST-ZIP	Boynton Beach, Fla 33462	
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kathryn Mills	
4.3 STREET ADDRESS	21 Meadows Drive	
4.4 CITY-ST-ZIP	Boynton Beach, Fla 33462	
5.1 TITLE	Cory Johnson	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cory Johnson	
5.3 STREET ADDRESS	204 Meadows Drive	
5.4 CITY-ST-ZIP	Boynton Beach Fla 33462	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *JANICE ZELLER* JANICE G. ZELLER 4/11/97 966-0115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043763

CR2E037 (9/96)