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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # NO3702

1. Corporation Name

(0)

WILLOWBROOK HOMEOWNERS ASSOCIATION, INC.

FILED May 08 1997 8:00am Secretary of State

		Malling Ad	ldress							
							3. Date Incorporated or Qualified 06/15/1984	Sa. D	ate of Last 03/22/19	Report 396
2. Principal F	Place of Business	2a. Mailing	Address				1. FEI Number 59-2453460		 +-	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & Sta	te	City & \$	State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29		Count 30	ry		This corporation has liability for Florida Statutes		tax under	s. 199.032,
	9. Name and Address of Curr	rent Registered As	gent			1	Name and Address of New R	egistered	Agent	
				8	1 Name					
RFIN P	HILIP H PA			-	D 04	Addisse	(D.O. D. M May A.	In In I		
	YAL PALM WAY			18	82 Street Address (P.O. Box Number is Not Acceptable)					
	BEACH FL 33480			ā	3					
1 (1441)				<u> </u>				*****		
				8	4 City			FL	85 Zip	Code
11 Pureuani	t to the provisions of Sections 617.0	1502 and 617 1508	Florida Statut	es the sho	we-named	cornorei	ion submits this statement for the			its registered
office or	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such	change was a	authorized	by the cor	poration's	board of directors. I hereby acce	porpose o	cointment a	s registered
agent. I	am familiar with, and accept the ob	ligations of, Section	n 617.0503, Flo	orida Statut	es.					
SIGNATURE										
40	Signature typed or printed name of registered		e. (NOT	E: Registered A	gent signaturi	e required wi		DATE	D DIDEOTO	DC 11.10
12.		AND DIRECTORS	DELETE	13.		100.0	ADDITIONS/CHANGES TO OFFI		Change	
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NAME	1 '-		DELETE			IU PI	resident '	334 D.	Change	Addition
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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 the 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 3 if changed, or or or are altachment with an address.

SIGNATURE

CONTURE AND TYPES OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

41497

866.0115