

FILE NOW: FILING FEE IS \$61.25

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**Jul 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/15/1984	4. FEI Number 59-2453460	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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21. Principal Place of Business 21	2a. Mailing Address 28 3082 Jog Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. City & State	27. City & State 28 Lake Worth, FL
23. Zip 24	Country 25
29. Zip 33467	Country 30 Palm Beach

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. 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 Kathryn M. Jakabcin, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 1325 So. Congress Avenue, Suite 104
83
84 City Boynton Beach
85 State FL
86 Zip Code 33426

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 [Signature] DATE **6/4/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME ZELLER, JANICE	
STREET ADDRESS 74 MEADOWS DRIVE	
CITY-ST-ZIP BOYNTON BEACH FL	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME LESKO, JOE	
STREET ADDRESS 184 MEADOWS DRIVE	
CITY-ST-ZIP BOYNTON BEACH FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME HAGAN, JEAN	
STREET ADDRESS 92 MEADOWS DRIVE	
CITY-ST-ZIP BOYNTON BEACH FL	
TITLE DS	<input type="checkbox"/> DELETE
NAME MILLS, KATHRYN	
STREET ADDRESS 21 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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Guido Bonilla	
1.3 STREET ADDRESS 31 Meadows Drive	
1.4 CITY-ST-ZIP Boynton Beach, FL 33462	
2.1 TITLE DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Ruben Sasiain	
2.3 STREET ADDRESS 264 Meadows Drive	
2.4 CITY-ST-ZIP Boynton Beach, FL 33462	
3.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Judy McCulloch	
3.3 STREET ADDRESS 182 Meadows Drive	
3.4 CITY-ST-ZIP Boynton Beach, FL 33462	
4.1 TITLE DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Kathryn Mills	
4.3 STREET ADDRESS 21 Meadows Drive	
4.4 CITY-ST-ZIP Boynton Beach, FL 33462	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Hilary Benson	
5.3 STREET ADDRESS 221 Meadows Drive	
5.4 CITY-ST-ZIP Boynton Beach, FL 33426	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 [Signature] DATE **6/12/98** (561) 964-1550

CR2E037 (10/97)