

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11970** (3)

1. Corporation Name

**VILLAS OF WILLOWOOD HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~C/O TOUCHSTONE CONCEPTS~~  
~~5710 S. DIXIE HWY STE A~~  
~~WEST PALM BEACH FL 33405~~

~~C/O TOUCHSTONE CONCEPTS~~  
~~5710 S. DIXIE HWY STE A~~  
~~WEST PALM BEACH FL 33405~~

21. Principal Place of Business  
**Touchstone Webb Management Co., Inc.**  
Suite, Apt. #, etc.

2a. Mailing Address  
**5710 S. Dixie Hwy**  
Suite, Apt. #, etc.  
**Suite A**

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25. 29. 30.

28. 33405

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**11/07/1985**

4. FEI Number

**59-2601560**

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**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

**SALATA, KATHLEEN**

82. Street Address (P.O. Box Number is Not Acceptable)

**C/O TOUCHSTONE WEBB MANAGEMENT CO, INC.**

83. **5710 S. DIXIE HWY STE A**

84. City

**WEST PALM BEACH**

FL

85. Zip Code

**33405**

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

*Kathleen Salata*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/17/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAUSMAN, WILL</b>	
STREET ADDRESS	<b>6017 LACE WOOD CIR.</b>	
CITY-ST-ZIP	<b>LANTANA FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MINKER, JULES S.</b>	
STREET ADDRESS	<b>4362 NORTHLAKE BLVD, SUITE 211</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VANA, ROSTI</b>	
STREET ADDRESS	<b>6036 BANIA WOOD CIR.</b>	
CITY-ST-ZIP	<b>LANTANA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PERRY, ED</b>	
STREET ADDRESS	<b>4151 WILLOWOOD LAND</b>	
CITY-ST-ZIP	<b>LANTANA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>STEVE SCHERLE</b>	
1.3 STREET ADDRESS	<b>6447 BANIA WOOD CIR</b>	
1.4 CITY-ST-ZIP	<b>LANTANA FL 33462</b>	
2.1 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Jerry Pike</b>	
2.3 STREET ADDRESS	<b>6048 LACE WOOD CIR</b>	
2.4 CITY-ST-ZIP	<b>LANTANA, FL 33462</b>	
3.1 TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Cindy Adair</b>	
3.3 STREET ADDRESS	<b>6023 Bania Wood Circle</b>	
3.4 CITY-ST-ZIP	<b>Lantana FL 33462</b>	
4.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Palma Colman</b>	
4.3 STREET ADDRESS	<b>4199 Willowood Lane</b>	
4.4 CITY-ST-ZIP	<b>Lantana, FL 33462</b>	
5.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Suzanne Salicetti</b>	
5.3 STREET ADDRESS	<b>6036 Bania Wood Cir</b>	
5.4 CITY-ST-ZIP	<b>Lantana FL 33462</b>	
6.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Karen Mintzer</b>	
6.3 STREET ADDRESS	<b>4193 Willowood Lane</b>	
6.4 CITY-ST-ZIP	<b>Lantana FL 33462</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Cindy Adair*

**3/17/98 (5/16) 964-9171**

CF2E037 (10/97)