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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 26 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

111

1. Corporation Name								
THE WILLOWS HOMEOWNERS ASSOCIATION, INC.								
						E NORMAN DIO AMENA DIRECTORE DI LA ROMAN DI CONTRA DI CO	A BUBUN BUBUN BUBUN BUBUN BEBUN BEBU	
Principal Place of Business Mailing Address						L CORNERS AND MAIN AND AND AND AND AND AND AND AND AND AN	. 81811 61911 61811 61811 61811 1861	
1401 DISSTON AVE 1401 DISSTON AVE					3. Date Incorporated or Qualified			
CLERMONT FL 34711 CLERMONT FL 34711						07/22/1987		
						4. FEI Number	Applied For	
						59-2863362	Not Applicable	
2. Principal Place of Business			2a. Mailing Address	⊢ •		5. Certificate of Status Desired	\$8.75 Additional	
Suite, Apt. #, atc.			28	+			Fee Required	
—			Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
			City & State	City & State		7. Is this nonprofit corporation a homeowners association?		
23 28				Yes No				
Zip		Country	Zip	Country		8. This corporation owes or has paid the		
24				30	Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registers	ed Agent	
				81 N	ame			
FLORENCE G BALL				82 S	treet Addre	t Address (P.O. Box Number is Not Acceptable)		
1407 DISSTON AVE				83				
CLERMONT FL 34711								
				84 C	ity	F	85 Zip Code	
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 :	7 0.	5. ~~ sa	FIORENCE		A 11	d when reinstating) DATE	98	
Signature, typed or printed name of registered agent and title if applicable. (NOTE				E. Registered Agent s	enuper erulang			
12. TITLE	DP	OFFICERS AN	ID DIRECTORS	13.				
NAME			DELETE	11707		ADDITIONS/CHANGES TO OFFICERS A		
STREET ADDRESS	0		☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
			DELETE	1.2 NAME	RESS	ADDITIONS/CHANGES TO OFFICERS A		
CITY-ST-ZIP	1435 D	ISSTON AVE	DELETE			ADDITIONS/CHANGES TO OFFICERS A		
_		ISSTON AVE	☐ DELETE	1.2 NAME 1.3 STREET ADD		ADDITIONS/CHANGES TO OFFICERS A		
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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.