

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21668

1. Entity Name

THE WILLOWS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90187 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1401 DISSTON AVE  
CLERMONT FL 34711

1401 DISSTON AVE  
CLERMONT FL 34711-3153

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2863362

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWE, MARY LOU  
1411 DISSTON AVE  
CLERMONT FL 34711

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Mary Lou Lowe, Treas.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/2000

**FILE NOW:**  
**FEES ARE \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GOWIN, CHERYL  
CITY-ST-ZIP 1407 DISSTON AVE  
CLERMONT FL 34711

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS BETTY MANKIE  
CITY-ST-ZIP 14244 GOODINGS LANE  
CLERMONT FL 34711

TITLE ☒ Delete  
NAME D  
STREET ADDRESS BECKER GINNY  
CITY-ST-ZIP 1403 DISSTON AVE  
CLERMONT FL 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS OWMAN, MONA  
CITY-ST-ZIP 1423 DISSTON AVE  
CLERMONT FL 34711

TITLE ☒ Change ☐ Addition  
NAME LOWMAN, MONA  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS LOWE, MARY LOU  
CITY-ST-ZIP 1407 DISSTON AVE  
CLERMONT FL 34711

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1411 DISSTON AVE  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS SEAYER, NELLE  
CITY-ST-ZIP 1443 DISSTON AVE  
CLERMONT FL 34711

TITLE ☐ Change ☒ Addition  
NAME DP  
STREET ADDRESS JOAN NEWTON  
CITY-ST-ZIP 1427 DISSTON AV  
CLERMONT, FL 34711

TITLE ☒ Delete  
NAME DP  
STREET ADDRESS WALKER FERN  
CITY-ST-ZIP 1445 DISSTON AVE  
CLERMONT FL 34711

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS PAT MCCAFFREY  
CITY-ST-ZIP 730 OAK DR  
CLERMONT FL 34711

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Lou Lowe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2000

Date

(352) 242-6215

Daytime Phone #

CR2E037 (9/99)