

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21668

1. Entity Name

THE WILLOWS HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90028 008 ****61.25

Principal Place of Business

Mailing Address

1401 DISSTON AVE
CLERMONT FL 34711

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CLERMONT FL 34711

00040000

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$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 DP
NAME CARTER, WILLIAM R
STREET ADDRESS 1419 DISSTON AVENUE
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE D
NAME BETTY MANKE-WASHBURN
STREET ADDRESS 1439 DISSTON AVE
CITY-ST-ZIP CLERMONT FL 34711 ☐ Change ☒ Addition

TITLE D
NAME SEMPLE, PETER
STREET ADDRESS 1453 DISSTON AVENUE
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE DV
NAME PETER SEMPLE
STREET ADDRESS 1453 DISSTON AVENUE
CITY-ST-ZIP CLERMONT FL 34711 ☒ Change ☐ Addition

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

TITLE D
NAME WILLARD TAYLOR
STREET ADDRESS 1455 DISSTON AVE
CITY-ST-ZIP CLERMONT FL 34711 ☐ Change ☒ Addition

TITLE TD
NAME LOWE, MARY LOU
STREET ADDRESS 1411 DISSTON AVE
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

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

TITLE DS
NAME ALBRECHT, CARLYN
STREET ADDRESS 1457 DISSTON AVENUE
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

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

TITLE D
NAME NEWTON, JOAN
STREET ADDRESS 1427 DISSTON AVENUE
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

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

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 L. LOWE MARY L. LOWE 3-8-02 (352) 242-6215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)