

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N23036** (9)

1. Corporation Name

WILLA LAKE PHASE ONE HOMEOWNER'S ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

P.O. BOX 2004
OVIEDO FL 32765

P.O. BOX 2004
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1987

3a. Date of Last Report

04/29/1994

4. FEI Number

59-3067730

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZUBER, CHARLES
1054 WILLA LAKE CIRCLE
OVIEDO FL 32765

81 Name

JOAN NAVE

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

1051 WILLA LAKE CIRCLE

83

OVIEDO

84 City

FL

85 Zip Code

32765

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	NAVE, THOMAS
STREET ADDRESS	1051 WILLA LAKE CIRCLE
CITY-ST-ZIP	OVIEDO FL
TITLE	D
NAME	REIS, FRANK
STREET ADDRESS	1014 WILLA LAKE CIRCLE
CITY-ST-ZIP	OVIEDO FL
TITLE	DT
NAME	MCAULIFFE, LINDA
STREET ADDRESS	1011 WILLA LAKE CIRCLE
CITY-ST-ZIP	OVIEDO FL
TITLE	P
NAME	ZUBER, CHARLES
STREET ADDRESS	1054 WILLA LAKE CIRCLE
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	V
NAME	NEMETHY, JAMES
STREET ADDRESS	1041 WILLA LAKE CIRCLE
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	TS
NAME	KASSAB, LINDA
STREET ADDRESS	1059 WILLA LAKE CIRCLE
CITY-ST-ZIP	OVIEDO FL 32765

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	N/A
1.3 STREET ADDRESS	N/A
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	N/A
2.3 STREET ADDRESS	N/A
2.4 CITY-ST-ZIP	
3.1 TITLE	TREASURER DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHRISTINE CLAXTON
3.3 STREET ADDRESS	1031 WILLA LAKE CIR
3.4 CITY-ST-ZIP	OVIEDO, FL 32765
4.1 TITLE	PRESIDENT DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOAN NAVE
4.3 STREET ADDRESS	1051 WILLA LAKE CIR.
4.4 CITY-ST-ZIP	OVIEDO, FL 32765
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	SECRETARY DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CHARLA THERMENOS
6.3 STREET ADDRESS	1000 WILLA DRIVE
6.4 CITY-ST-ZIP	OVIEDO, FL 32765

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE CLAXTON

4-12-95

(407) 425-9700