FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 11 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001455020
-04/12/95--01108--010
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

DOCUMENT # N27022 (5)

1. Corporation Name

WILLOUGHBY ACRES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2640 GOLDEN GATE PKWY 206 NAPLES FL 33942 US	127 WILLOUGHBY DR NAPLES FL 33942 US

3. Date Incorporated or Qualified: 06/20/1988
3a. Date of Last Report: 02/14/1994

4. FEI Number: 65-0139156 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 119 Erie Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Naples, FL
24 Zip / 25 Country	29 33942 / 30 Collier

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICHMAN, KENNETH W. JR. 2640 GOLDEN GATE PKWY SUITE 206 NAPLES FL 33942	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	(PD) ☒ Change ☐ Addition
NAME	MINOR, KIM	1.2 NAME	Kim Minor
STREET ADDRESS	119 ERIE STREET	1.3 STREET ADDRESS	119 Erie Drive
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 33942
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	SIRECI, HELENE	2.2 NAME	
STREET ADDRESS	127 WILLOUGHBY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	(D) ☒ Change ☐ Addition
NAME	MCVEY, JAMES	3.2 NAME	Ed White
STREET ADDRESS	196 JOHNNYCAKE	3.3 STREET ADDRESS	101 Euclid Ave
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 33942
TITLE	D	4.1 TITLE	(D-S) ☒ Change ☐ Addition
NAME	ALLEGRETTA, NINO	4.2 NAME	Nancy Dykas
STREET ADDRESS	163 JOHNNYCAKE	4.3 STREET ADDRESS	31 Wickliffe Dr.
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples FL 33942
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SIRECI, JOSEPH FR	5.2 NAME	
STREET ADDRESS	127 WILLOUGHBY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	POINTER, JACK	6.2 NAME	
STREET ADDRESS	105 ERIE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: Kim A. Minor 3-20-95 8134340900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (optional)

KW 4-11-95