

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **N27022** (5)

1. Corporation Name
WILLOUGHBY ACRES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**2640 GOLDEN GATE PKWY
 206
 NAPLES FL 33942
 US**

Mailing Address
**119 ERIE DRIVE
 NAPLES FL 33942
 US** *31 Wickliffe Dr.*

3. Date Incorporated or Qualified **06/20/1988** 3a. Date of Last Report **04/11/1995**

4. FEI Number **65-0139156** 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**

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

2. Principal Place of Business
 21 *Wickliffe Dr.* 22 Suite, Apt. #, etc.

2a. Mailing Address
 26 *31 Wickliffe Dr.* 27 Suite, Apt. #, etc.

City & State
 23 *Naples FL* 28 *Naples FL*

Zip
 24 *34110* 25 Country *USA* 29 *33942* 30 *Collier*

9. Name and Address of Current Registered Agent
**RICHMAN, KENNETH W. JR.
 2640 GOLDEN GATE PKWY
 SUITE 206
 NAPLES FL 33942**

10. Name and Address of New Registered Agent
 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|--|---|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MINOR, KIM | 1.2 NAME <i>Nancy E. Dykes</i> |
| STREET ADDRESS | 119 ERIE STREET | 1.3 STREET ADDRESS <i>31 Wickliffe Dr.</i> |
| CITY-ST-ZIP | NAPLES FL | 1.4 CITY-ST-ZIP <i>Naples FL 33942 34110</i> |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SIRECI, HELENE | 2.2 NAME <i>Robert E. Shreffler</i> |
| STREET ADDRESS | 127 WILLOUGHBY DRIVE | 2.3 STREET ADDRESS <i>29 Wickliffe Dr. 34110</i> |
| CITY-ST-ZIP | NAPLES FL | 2.4 CITY-ST-ZIP <i>Naples FL 33942</i> |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WHITE, ED | 3.2 NAME <i>Kim Minor</i> |
| STREET ADDRESS | 101 EUCLID AVE. | 3.3 STREET ADDRESS <i>119 Erie St. 34110</i> |
| CITY-ST-ZIP | NAPLES FL 33942 | 3.4 CITY-ST-ZIP <i>Naples FL 33942</i> |
| TITLE | DS <input checked="" type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DYKES, NANCY | 4.2 NAME <i>Ming Gao</i> |
| STREET ADDRESS | 31 WICKLIFFE DR | 4.3 STREET ADDRESS <i>173 Mentor Dr.</i> |
| CITY-ST-ZIP | NAPLES FL 33942 | 4.4 CITY-ST-ZIP <i>Naples FL 33942 34110</i> |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIRECI, JOSEPH FR | 5.2 NAME 500001906075 |
| STREET ADDRESS | 127 WILLOUGHBY DR | 5.3 STREET ADDRESS -07/26/96--01085--004 |
| CITY-ST-ZIP | NAPLES FL | 5.4 CITY-ST-ZIP ***61.25 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POINTER, JACK | 6.2 NAME <i>JA 7/26/96</i> |
| 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)(k), 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: *Nancy E. Dykes* **6/13/96** **941-566-3685**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)