


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90115 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27022

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

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 547296 - 90020 - 14 6 *

Principal Place of Business 2640 GOLDEN GATE PARKWAY NAPLES FL 33942 US	Mailing Address 31 WICKLIFFE DR. NAPLES FL 34110 US
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2. Principal Place of Business 21 71 MENTOR DRIVE	2a. Mailing Address 26 71 MENTOR DRIVE	3. Date Incorporated or Qualified 06/20/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0139156
City & State 23 Naples, FLORIDA	City & State 28 Naples, FLORIDA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 34110	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 34110	Country 30 USA	

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 Edward Miller 82 Street Address (P.O. Box Number is Not Acceptable) 71 MENTOR DRIVE 83 Naples, FL 84 City FL 85 Zip Code 34110
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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 **Edward G. Miller** **Edward Miller** **APRIL 22nd 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DYKES, NANCY E		1.2 NAME EDWARD MILLER	
STREET ADDRESS 31 WICKLIFFE DR.		1.3 STREET ADDRESS 71 MENTOR DRIVE	
CITY-ST-ZIP NAPLES FL		1.4 CITY-ST-ZIP NAPLES FL 34110	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MINOR, KIM		2.2 NAME Kim MINOR	
STREET ADDRESS 119 ERIE ST.		2.3 STREET ADDRESS 119 ERIE DR	
CITY-ST-ZIP NAPLES FL 34110		2.4 CITY-ST-ZIP NAPLES FL 34110	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITE, ED		3.2 NAME CINDY MICHEL	
STREET ADDRESS 101 EUCLID AVE.		3.3 STREET ADDRESS 106 KIRKLAND DRIVE	
CITY-ST-ZIP NAPLES FL 33942		3.4 CITY-ST-ZIP NAPLES FL 34110	
TITLE DS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DYKES, NANCY		4.2 NAME Gary Thornton	
STREET ADDRESS 31 WICKLIFFE DR		4.3 STREET ADDRESS 129 WICKLIFFE DRIVE	
CITY-ST-ZIP NAPLES FL 33942		4.4 CITY-ST-ZIP NAPLES FL 34110	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POINTER, JACK		6.2 NAME Jack Pointer	
STREET ADDRESS 105 ERIE		6.3 STREET ADDRESS 105 ERIE DR.	
CITY-ST-ZIP NAPLES FL		6.4 CITY-ST-ZIP NAPLES FL 34110	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: **Gary Thornton** **GARY THORNTON** **APRIL 22nd 1999** **941**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **594-0760**

CR2E037 (11/98)