


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 31 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N28126** (3)

1. Corporation Name

**WILLOUGHBY COMMUNITY ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>3001 S. E. DOUBLETON DRIVE<br/>1300 S.E. INDIAN STREET<br/>STUART FL 34997<br/>US</b> | Mailing Address<br><b>C/O STEVEN C LEWIS<br/>1300 S.E. INDIAN STREET<br/>STUART FL 34997<br/>US</b> |
|---|---|

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|--|
| 3. Date Incorporated or Qualified<br><b>08/30/1988</b> |
| 4. FEI Number<br><b>65-0097237</b>                     |
| Applied For<br><input type="checkbox"/> Not Applicable |

|  |                                  |
|--|----------------------------------|
| 2. Principal Place of Business<br><b>21 3001 S. E. Doubleton Drive</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.              |
| City & State<br><b>23 Stuart, FL</b>                                   | City & State<br><b>28</b>        |
| Zip<br><b>24 34997</b>   | Country<br><b>25 Martin</b>      |
| Country<br><b>29</b>   | Country<br><b>30</b>             |

|   |
|---|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |
| 7. Is this nonprofit corporation a homeowners association?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent<br><b>WINCH, STEPHEN E<br/>1300 S.E. INDIAN STREET<br/>STUART FL 34997</b> |
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|---|
| 10. Name and Address of New Registered Agent<br><b>81 Name William M. Dean<br/>82 Street Address (P.O. Box Number is Not Acceptable) 585 N. E. Ocean Blvd.<br/>83<br/>84 City Stuart FL 85 Zip Code 34996</b> |
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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 William M. Dean DATE 3/17/98

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME                       | WINCH, STEPHEN E                              | 1.2 NAME  |   |
| STREET ADDRESS             | 1300 S.E. INDIAN STREET                       | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | STUART FL                                     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | STD <input type="checkbox"/> DELETE           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME                       | LEWIS, STEPHEN C                              | 2.2 NAME  |   |
| STREET ADDRESS             | 1300 S.E. INDIAN STREET                       | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | STUART FL                                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD <input type="checkbox"/> DELETE            | 3.1 TITLE   | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | DUVALL, MARK V.                               | 3.2 NAME  |   |
| STREET ADDRESS             | 1300 S. E. INDIAN STREET                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | STUART FL                                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE             | 4.1 TITLE   | AV/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BOULDEN, BENNETT                              | 4.2 NAME  |   |
| STREET ADDRESS             | 1300 S. E. INDIAN STREET                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | STUART FL                                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | AV/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | SMITH, ELLIS                                  | 5.2 NAME  | Richard Parks   |
| STREET ADDRESS             | 1300 SE INDIAN STREET                         | 5.3 STREET ADDRESS                                    | 1300 S. E. Indian Street  |
| CITY-ST-ZIP                | STUART FL                                     | 5.4 CITY-ST-ZIP                                       | Stuart, FL 34997  |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE   | V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       |   | 6.2 NAME  | William M. Dean   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    | 585 N. E. Ocean Blvd.   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       | Stuart, FL 34996  |

14. 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 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: [Signature] 561-288-3082

CR2E037 (10/97)