

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N28252** (7)

1. Corporation Name

WILLOW RUN HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: P.O. BOX 3746 WINTER SPRINGS FL 32708-0746
Mailing Address: P.O. BOX 3746 WINTER SPRINGS FL 32708-0746

3. Date Incorporated or Qualified: **09/08/1988**
3a. Date of Last Report: **06/21/1994**
4. FEI Number: **59-3021417**
Applied For: Not Applicable

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt #, etc: 22
27
City & State: 23
28
Zip: 24
Country: 25
Country: 30

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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MILLER, ROBERT E.
990 DOUGLAS AVE
ALTAMONTE SPGS. FL 32714**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 of Registered Agent)
_____ (Signature of President or Agent for Service of Process)

12. OFFICERS AND DIRECTORS

TITLE: DT	NAME: KIMBALL, JUDITH J.
STREET ADDRESS: 4207 VANITA COURT	CITY, ST, ZIP: WINTER SPRINGS FL
TITLE: DV	NAME: LANPHER, JOAN
STREET ADDRESS: 707 WILLOW RUN LANE	CITY, ST, ZIP: WINTER SPRINGS FL
TITLE: D	NAME: MCBRIDE, DAVID
STREET ADDRESS: 4213 VANITA CT	CITY, ST, ZIP: WINTER SPRINGS FL
TITLE: D	NAME: KARDATZKE, JAMES
STREET ADDRESS: 4208 VANITA COURT	CITY, ST, ZIP: WINTER SPRINGS FL
TITLE:	NAME:
STREET ADDRESS:	CITY, ST, ZIP:
TITLE:	NAME:
STREET ADDRESS:	CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: DT	NAME: Garrett Puzzo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 STREET ADDRESS: 4208 Lori hoop	13 CITY, ST, ZIP: Winter Springs FL 32708	
21 TITLE: D.V.P.	NAME: BARCO, E.L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 STREET ADDRESS: 932 WILLOW RUN LN.	23 CITY, ST, ZIP: WINTER SPRINGS, FL 32708	
31 TITLE: PRES. D	NAME: MERTENS, ANNE L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 STREET ADDRESS: 926 WILLOW RUN LANE	33 CITY, ST, ZIP: WINTER SPRINGS, FL 32708	
41 TITLE: ARB D	NAME: WILLIAM E. PHELPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 STREET ADDRESS: 992 WILLOW RUNS LN.	43 CITY, ST, ZIP: WINTER SPGS, FL 32708	
51 TITLE: DS	NAME: CAROL ANN MERKER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 STREET ADDRESS: 4237 LORI HOOP	53 CITY, ST, ZIP: WINTER SPRINGS, FL 32708	
61 TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 STREET ADDRESS:	63 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 199.032(9), 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: *Sandra H. Morham*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/23/95 - 4072 1015-1764
Date: _____