

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N28252** (7)

1. Corporation Name  
**WILLOW RUN HOMEOWNERS ASSOCIATION, INC.**



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: **05/01/1995**  
4. FEI Number: **59-3021417**  
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, 22, 23  
2a. Mailing Address: 26, 27, 28  
24. Zip: 25, 29  
Country: 30

**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 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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>PUZZO, GARRETT</b>	
STREET ADDRESS	<b>4208 LORI LOOP</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARCO, E.W.</b>	
STREET ADDRESS	<b>932 WILLOW RUN LANE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MERTENS, ANNE L.</b>	
STREET ADDRESS	<b>926 WILLOW RUN LANE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<del>ARBD</del> <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PHELPS, WILLIAM E.</b>	
STREET ADDRESS	<b>992 WILLOW RON LANE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MEKKER, CAROL ANN</b>	
STREET ADDRESS	<b>4239 LORI LOOP</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<del>DS</del> <b>MEKKER, DAN</b>	<input type="checkbox"/> DELETE
NAME	<b>MEKKER, DAN</b>	
STREET ADDRESS	<b>4239 LORI LOOP</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Joan Lanpher</b>
2.3 STREET ADDRESS	<b>707 Willow Run Lane</b>
2.4 CITY-ST-ZIP	<b>Winter Springs FL 32708</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ARBD Don Murphy</b>
3.3 STREET ADDRESS	<b>736 Willow Run Lane</b>
3.4 CITY-ST-ZIP	<b>Winter Springs FL 32708</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PD PHELPS, WILLIAM E</b>
4.3 STREET ADDRESS	<b>992 Willow Run Lane</b>
4.4 CITY-ST-ZIP	<b>Winter Springs FL 32708</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>DS MEKKER, DAN</b>
5.3 STREET ADDRESS	<b>4239 Lori Loop</b>
5.4 CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>***61.25</b>
6.3 STREET ADDRESS	<b>-07/05/96--01027--004</b>
6.4 CITY-ST-ZIP	<b>7/3/96</b>

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:** *Garrett Puzzo* 4/29/96 (407) 647-7160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)