

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1988	3a. Date of Last Report 07/03/1996
21	26	4. FEI Number 59-3021417	Applied For Not Applicable		
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILLER, ROBERT E. 990 DOUGLAS AVE ALTAMONTE SPGS. FL 32714				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	DT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PUZZO, GARRETT			1.2 NAME	MASON, Nancy		
STREET ADDRESS	4208 LORI LOOP			1.3 STREET ADDRESS	943 WILLOW RUN LANE		
CITY-ST-ZIP	WINTER SPRINGS FL			1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708		
TITLE	DVP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANPHER, JOAN			2.2 NAME			
STREET ADDRESS	707 WILLOW RUN LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708			2.4 CITY-ST-ZIP			
TITLE	ARBD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, DON			3.2 NAME			
STREET ADDRESS	736 WILLOW RUN LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708			3.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PHELPS, WILLIAM E			4.2 NAME	MONOPOLI, Dan		
STREET ADDRESS	992 WILLOW RUN LANE			4.3 STREET ADDRESS	773 COLD STREAM COURT		
CITY-ST-ZIP	WINTER SPRINGS FL 32708			4.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708		
TITLE	DS	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEKKER, DAN			5.2 NAME			
STREET ADDRESS	4239 LORI LOOP			5.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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: *John P. Lemmon* 5/14/97 407-695-9181

CR2E037 (9/96)