

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28252

1. Entity Name

WILLOW RUN HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90107 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P O BOX 1038  
 GOLDENROD FL 32733

P O BOX 1038  
 GOLDENROD FL 32733-1038

Willow Run NOA

Willow Run NOA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 1038

Suite, Apt. #, etc.

P.O. Box 1038

City & State

Goldenrod, FL

City & State

4. FEI Number

59-3021417

Applied For

Not Applicable

Zip

32733

Country

USA

Zip

32733

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, ROBERT E.  
 990 DOUGLAS AVE  
 ALTAMONTE SPGS. FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution.

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT  Delete  
 NAME MASON, NANCY  
 STREET ADDRESS 943 WILLOW RUN LANE  
 CITY-ST-ZIP WINTER SPRINGS FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DS  Delete  
 NAME LANPHER, JOAN  
 STREET ADDRESS 707 WILLOW RUN LANE  
 CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DVP  Delete  
 NAME MURPHY, DON  
 STREET ADDRESS 736 WILLOW RUN LANE  
 CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ARBD  Delete  
 NAME PHELPS, BILL  
 STREET ADDRESS 992 WILLOW RUN LN  
 CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ARBD  Change  Addition  
 NAME MICHAEL J. LANPHER  
 STREET ADDRESS 707 Willow Run Ln  
 CITY-ST-ZIP Winter Springs, FL

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JOAN P. LANPHER, Sec. 3/2/00 407-695-9181  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)