

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

04-25-2001 90188 046 ****65.00

DOCUMENT # N28252

1. Entity Name

WILLOW RUN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P O BOX 1038
 GOLDENROD FL 32733
 US

Mailing Address

P O BOX 1038
 GOLDENROD FL 32733
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3021417

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

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

TITLE: P
 NAME: Murphy, Don
 STREET ADDRESS: 736 Willow Run Lane
 CITY-ST-ZIP: Winter Springs, FL 32708
 Change Addition

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

TITLE: VP
 NAME: Satikas, Felix
 STREET ADDRESS: 4209 Lori Loop
 CITY-ST-ZIP: Winter Springs, FL 32708
 Change Addition

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

TITLE: S
 NAME: Sallaggio, Lynette
 STREET ADDRESS: 883 Willow Run Lane
 CITY-ST-ZIP: Winter Springs, FL 32708
 Change Addition

TITLE: ARBD
 NAME: LANPHER, MICHAEL
 STREET ADDRESS: 707 WILLOW RUN LN
 CITY-ST-ZIP: WINTER SPRINGS FL
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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:

Lynette S. Sallaggio Lynette S. Sallaggio

4/15/01

407-695-0098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)