

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

07-01-2002 90351 033 \*\*\*\*61.25

**DOCUMENT # N28252**

1. Entity Name

**WILLOW RUN HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P O BOX 1038  
 GOLDENROD FL 32733  
 US

P O BOX 1038  
 GOLDENROD FL 32733  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3021417**

Applied For

Not Applicable

Zip

Country

Zip

Country

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**  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 **PD**  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 **LANPHER, MICHAEL**  
 STREET ADDRESS **707 WILLOW RUN LN**  
 CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **SATIKAS, FELIX**  
 STREET ADDRESS **4209 LORI LOOP**  
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **SOLLACIO, LYNETTE**  
 STREET ADDRESS **883 WILLOW RUN LANE**  
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE  Change  Addition  
 NAME **Secretary SUE MCGUFFIN**  
 STREET ADDRESS **895 WILLOW RUN LN**  
 CITY-ST-ZIP **WINTER SPRINGS 32708**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/24/02*

Date

*4076952778*

Daytime Phone #

CR2E037 (9/01)