

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90757 024 ****61.25

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DOCUMENT # N31207

1. Entity Name

**THE WILLOWS CONDOMINIUM ASSOCIATION-SEMINOLE, FL
ORIDA, INC.**

Principal Place of Business

% THE WILLOWS CON. DEVELOPMENT CORP
6099 113TH STREET NORTH
SEMINOLE FL 34642

Mailing Address

% THE WILLOWS CON. DEVELOPMENT CORP
6099 113TH STREET NORTH
SEMINOLE FL 34642

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2999871

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

**STOOPS, MARK S
2880 SCHERER DRIVE
SUITE 840
SAINT PETERSBURG FL 33716**

Name

Joe Cianfrone, P.A.

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

1908 Bayshore Blvd.

1

City

Dunedin

FL

Zip Code

34698

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, type 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CHADWELL, GLENN
199 PIMROSE AV E
OTAWA ON DIR74** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BALDANZA, JAMES
17023 DOLPHIN DR
N REDINGTON BEACH FL 33708** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SANDERS, ROLAND
6013 113TH ST N #302
SEMINOLE FL 33772** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
O'BRIEN, ED
6035 113TH ST N #208
SEMINOLE FL 33772** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Ed O'Brien SD
6035 113th St. N. 208.
Seminole FL 33772** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SOROCHTY, CHARLES
44 HARRIER CIR
ROCHESTER NY 14623** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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)(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:

Glenn Chadwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-02

Date

727-299-5555

Daytime Phone #

CP2E037 (9/01)