

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005877 (4)  
1. Corporation Name

WILLOW POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business <del>XXXXXX</del>	Mailing Address <del>XXXXXX</del>
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2. Principal Place of Business 21 7300 S.W. 80 Court Suite, Apt. #, etc. 22	2a. Mailing Address 26 7300 S.W. 80 Court Suite, Apt. #, etc. 27
City & State 23 Miami, Florida Zip 24 33143	City & State 28 Miami, Florida Zip 29 33166
Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified 12/11/1995	
4. FEI Number APPLIED FOR 65-0610080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THOMSON, JOHN M 370 MINORCA AVENUE SUITE ONE CORAL GABLES FL 33134	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, FIRPO	1.2 NAME	
STREET ADDRESS	2875 N.W. 77TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, LOURDES	2.2 NAME	
STREET ADDRESS	2875 N.W. 77TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, FRANK	3.2 NAME	
STREET ADDRESS	2875 N.W. 77TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lloset, Eduardo	4.2 NAME	
STREET ADDRESS	7301 S.W. 80 Court	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33143	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Machado, Miriam	5.2 NAME	
STREET ADDRESS	7200 S.W. 80 Court	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33143	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tomas, Francine	6.2 NAME	
STREET ADDRESS	7300 S.W. 80 Court	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33143	6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]* 6-15-98 - 505-592-5780

CR2E037 (10/97)