FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05095 (7)

1. Corporation Name
WILLOW LAKES SOUTH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
641 GRANDVIEW DR. P.O.BOX 265 LEHIGH FL 33936	641 GRANDVIEW DR. P.O.BOX 265 LEHIGH FL 33936

3. Date Incorporated or Qualified: 09/11/1984
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business	2a. Mailing Address
21 135 E LAKE DR.	26 135 E LAKE DR.
Suite, Apt. #, etc. 22 P.O. BOX 265	Suite, Apt. #, etc. 27 P.O. BOX 265
City & State 23 LEHIGH ACRES, FL.	City & State 28 LEHIGH ACRES, FL.
Zip / Country 24 33936 / 25 LEE	Zip / Country 29 33936 / 30 LEE

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BATSEL, C. GUY
1861 PLACIDA ROAD
SUITE 104
ENGLEWOOD FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROOT, JOHN 202 FIRESIDE COURT LEHIGH ACRES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD ABE LANDES 101 RICHMOND AVE.S. LEHIGH ACRE FL 33936	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MITCHELL, KATHERINE 139 W. LAKE DR LEHIGH ACRES FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SNYDER, LORRAINE 204 RICHMOND AVE.S LEHIGH ACRES FL 33936	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EMMEL, MARJORIE 641 GRANDVIEW DRIVE LEHIGH ACRES FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD MARION C. JONES 135 E. LAKE DR LEHIGH ACRES, FL 33936	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAM, JAY 200 FIRESIDE CT. LEHIGH ACRES FL 33936	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, MARION 135 EAST LAKE DRIVE LEHIGH ACRES FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D CECIL L. WALLACE 704 ARIANNE CT. LEHIGH ACRES FL 33936	☒ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4/17/96 491-369-7461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ABE M. LANDES