

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39569** (1)  
1. Corporation Name  
**WILLOWBROOK NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business <b>2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US</b>	Mailing Address <b>2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US</b>
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3. Date Incorporated or Qualified <b>08/17/1990</b>	
4. FEI Number <b>59-3031051</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HART, JAMES W. JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD FL 32779**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BALDWIN, PAT</b>	1.2 NAME	<b>CURRY, DAVID</b>
STREET ADDRESS	<b>136 WIMBLEDON CIR.</b>	1.3 STREET ADDRESS	<b>181 WIMBLEDON CIR</b>
CITY-ST-ZIP	<b>HEATHROW FL</b>	1.4 CITY-ST-ZIP	<b>HEATHROW FL 32746</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BLOOMBERG, LAURA</b>	2.2 NAME	<b>BROTMAN, HELEN</b>
STREET ADDRESS	<b>197 WIMBLEDON CIR</b>	2.3 STREET ADDRESS	<b>212 WIMBLEDON CIR</b>
CITY-ST-ZIP	<b>HEATHROW FL</b>	2.4 CITY-ST-ZIP	<b>HEATHROW FL 32746</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLAGHER, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>1312 CHESTWOOD COVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HEATHROW FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAUPTMAN, TED</b>	4.2 NAME	<b>LONG, ROBERT</b>
STREET ADDRESS	<b>1301 CHESTWOOD COVE</b>	4.3 STREET ADDRESS	<b>137 WIMBLEDON CIR</b>
CITY-ST-ZIP	<b>HEATHROW FL</b>	4.4 CITY-ST-ZIP	<b>HEATHROW FL 32746</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STERRETT, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>124 WIMBLEDON CIR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HEATHROW FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* **2/27/98** **407-333-7725**

CR2E037 (10/97)