

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11644

1. Entity Name

THE GARDENS OF WILLOW BEND III CONDOMINIUM ASSOC

Principal Place of Business

Mailing Address

3825 MEED DR.
LAKE WORTH FL 33467
US

3825 MEED DR.
LAKE WORTH FL 33467-3119

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

59-2622442

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

LEVIN, RUTH
7915 WILLOW SPRING DR
LAKE WORTH FL 33467

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 ☐ Delete
NAME TD
STREET ADDRESS FROST, SELMA
CITY-ST-ZIP 7918 WILLOW SPRING DR
LAKE WORTH FL

TITLE ☐ Change ☐ Addition
NAME *TREASURER*
STREET ADDRESS *7916 Willow Spring Dr*
CITY-ST-ZIP *Lake Worth, FL 33467*

TITLE ☐ Delete
NAME S
STREET ADDRESS LANG, ELLIOT
CITY-ST-ZIP 7926 WILLOW SPRING DR
LAKE WORTH FL 33467

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS SASSIN, JERRY
CITY-ST-ZIP 7915 WILLOW SPRING DR
LAKE WORTH FL 33467

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS LEVIN, RUTH
CITY-ST-ZIP 7915 WILLOW SPRING
LAKE WORTH FL

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS FROST, NORMAN
CITY-ST-ZIP 7916 WILLOW SPRING DR
LAKE WORTH FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS JASPER, WILLIAM
CITY-ST-ZIP 7903 WILLOW SPRING DR
LAKE WORTH FL

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)