

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03702

1. Entity Name

WILLOWBROOK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

315 MEADOWS DR.
LANTANA FL 33462

Mailing Address

3082 JOG RD
LAKE WORTH FL 33467-2053
US

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

59-2453460

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

JAKABCIN, KATHRYN M ESQ
1325 S CONGRESS AVE
STE 104
BOYNTON BCH FL 33426

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	VP	<input type="checkbox"/> Delete
NAME	CALISE, MARIE	
STREET ADDRESS	234 MEADOWS DRIVE	
CITY-ST-ZIP	BOYNTON BCH FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLAWHORN, DAVID	
STREET ADDRESS	101 MEADOWS DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MCCULLOCH, JUDY	
STREET ADDRESS	182 MEADOWS DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MILLS, KATHRYN	
STREET ADDRESS	21 MEADOWS DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	P	<input type="checkbox"/> Delete
NAME	BENSON, HILARY	
STREET ADDRESS	221 MEADOWS DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)