

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39569

1. Entity Name

WILLOWBROOK NEIGHBORHOOD ASSOCIATION, INC.

FILED

May 05, 2002 8:00 am
Secretary of State

05-05-2002 90069 022 ****61.25

Principal Place of Business

Mailing Address

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3031051

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 SD ☐ Delete
NAME BROTMAN, HELENE
STREET ADDRESS 212 WIMBLEDON CIR
CITY-ST-ZIP HEATHROW FL 32746

TITLE TD ☐ Change ☒ Addition
NAME HUESCA, KAREN
STREET ADDRESS 131 WIMBLEDON CIR
CITY-ST-ZIP HEATHROW, FL 32746

TITLE D ☐ Delete
NAME GALLAGHER, F. MICHAEL
STREET ADDRESS 1312 CHESTWOOD COVE
CITY-ST-ZIP HEATHROW FL

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

TITLE VTD ☐ Delete
NAME LONG, ROBERT
STREET ADDRESS 137 WIMBLEDON CIR
CITY-ST-ZIP HEATHROW FL 32746

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

TITLE PD ☐ Delete
NAME STERRETT, JOHN
STREET ADDRESS 124 WIMBLEDON CIR
CITY-ST-ZIP HEATHROW FL

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

TITLE D ☐ Delete
NAME SULLIVAN, BILL
STREET ADDRESS 156 WIMBLEDON CIRCLE
CITY-ST-ZIP HEATHROW FL 32746

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)