

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 769274

FILED
May 14, 2002 8:00 AM
Secretary of State

Entity Name: THE WILLOWS FIRST ADDITION HOMEOWNERS ASSOCIATION ,INC.

Current Principal Place of Business:

P.O. BOX 618539
ORLANDO, FL 32861

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 618539
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 59-2359367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROCKMAN, NANCY
2043 SAWGRASS DRIVE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, ANN
Address: 8603 SNOWFIRE DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: MUELLER, DUWAYNE
Address: 2900 WESTERN WILLOW TERR.
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: BROCKMAN, WILLIAM
Address: 2043 SAWGRASS DR.
City-St-Zip: APOPKA, FL 32712

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, ANN
Address: 8603 SNOWFIRE DRIVE
City-St-Zip: ORLANDO, FL 32818 US

Title: D (X) Change () Addition
Name: MUELLER, DUWAYNE
Address: 2900 WESTERN WILLOW TERR.
City-St-Zip: ORLANDO, FL 32808 US

Title: D (X) Change () Addition
Name: BROCKMAN, WILLIAM
Address: 2043 SAWGRASS DR.
City-St-Zip: APOPKA, FL 32712 US

Title: D () Change (X) Addition
Name: MELVERN, ANDREA
Address: 5107 TIMBER RIDGE TR.
City-St-Zip: OCOEE, FL 34761 US

Title: D () Change (X) Addition
Name: BROCKMAN, NANCY
Address: 2043 SAWGRASS DR.
City-St-Zip: APOPKA, FL 32712 US

Title: D () Change (X) Addition
Name: MAYHUE, DORIS
Address: 575 WHITE STREET
City-St-Zip: DAYTONA BEACH, FL 32114 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM BROCKMAN

D

05/14/2002

Electronic Signature of Signing Officer or Director

Date