

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90056 024 \*\*\*\*61.25

**DOCUMENT # N03702**

1. Entity Name  
WILLOWBROOK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
ASSOCIATES PROPERTY MGMT  
1928 LAKE WORTH RD  
LAKE WORTH, FL 33461

Mailing Address  
ASSOCIATES PROPERTY MGMT  
1928 LAKE WORTH RD  
LAKE WORTH, FL 33461

**50030277**



2. Principal Place of Business

3. Mailing Address

02242005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-2453460

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

ST. JOHN CORE FRORE LEMME PA  
1601 FORUM PLACE SUITE 701  
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name ASSOCIATED PROPERTY MANAGEMENT  
Street Address (P.O. Box Number is Not Acceptable)  
1928 LAKE WORTH RD.  
City LAKE WORTH FL Zip Code 33461

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

|                |                         |                                            |
|----------------|-------------------------|--------------------------------------------|
| TITLE          | SD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | KOEHNLEIN, JOHN         |                                            |
| STREET ADDRESS | 144 MEADOWS DR          |                                            |
| CITY-ST-ZIP    | BOYNTON BEACH, FL 33436 |                                            |
| TITLE          | PD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | AMES, TIM               |                                            |
| STREET ADDRESS | 192 MEADOWS DR.         |                                            |
| CITY-ST-ZIP    | BOYNTON BEACH, FL 33436 |                                            |
| TITLE          | TD                      | <input type="checkbox"/> Delete            |
| NAME           | PALOSKI, TODD           |                                            |
| STREET ADDRESS | 284 MEADOWS DR          |                                            |
| CITY-ST-ZIP    | BOYNTON BEACH, FL 33436 |                                            |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY-ST-ZIP    |                         |                                            |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY-ST-ZIP    |                         |                                            |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY-ST-ZIP    |                         |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | PD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | WRIGHT, CHRISTOPHER     |                                                                              |
| STREET ADDRESS | 124 MEADOWS DR.         |                                                                              |
| CITY-ST-ZIP    | BOYNTON BEACH, FL 33436 |                                                                              |
| TITLE          | VD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SZOLLOSI, DENNIS        |                                                                              |
| STREET ADDRESS | 162 MEADOWS DR.         |                                                                              |
| CITY-ST-ZIP    | BOYNTON BEACH, FL 33436 |                                                                              |
| TITLE          | SD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | HARTSEL, ERIK           |                                                                              |
| STREET ADDRESS | 163 MEADOWS DR          |                                                                              |
| CITY-ST-ZIP    | BOYNTON BEACH, FL 33436 |                                                                              |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SANTA MARIA, CARLOS     |                                                                              |
| STREET ADDRESS | 204 MEADOWS DR.         |                                                                              |
| CITY-ST-ZIP    | BOYNTON BEACH, FL 33436 |                                                                              |
| 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    |                         |                                                                              |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-05 906-2704