

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90342 028 \*\*\*\*61.25

**DOCUMENT # N11644**

1. Entity Name

**THE GARDENS OF WILLOW BEND III CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

3825 MEED DR.  
LAKE WORTH FL 33467  
US

Mailing Address

3825 MEED DR SOUTH  
LAKE WORTH FL 33467-3119  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)



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  
#1213  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~SEC PRESIDENT~~ ☐ Delete  
NAME DOYLE, ELAINE  
STREET ADDRESS 7928 WILLOW SPRINGS DR. #1312  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Change ☐ Addition  
NAME *Secretary Hunt, Eleanor*  
STREET ADDRESS *79 No Willow Sp. Dr #1326*  
CITY-ST-ZIP *Lake Worth, FL 33467*

TITLE ☒ Delete  
NAME GLORIS, CLAIRE  
STREET ADDRESS 7891 WILLOW SPRING DR #1014  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Change ☐ Addition  
NAME *Director Fournier, Carol*  
STREET ADDRESS *5926 Willow Sp. Dr #1318*  
CITY-ST-ZIP *Lake Worth, FL 33467*

TITLE ☐ Delete  
NAME STEIN, ETHEL  
STREET ADDRESS 7892 WILLOW SPRING DR. #1517  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Change ☐ Addition  
NAME *Director Fuchs, Nancy*  
STREET ADDRESS *7926 Willow Sp. Dr #1316*  
CITY-ST-ZIP *Lake Worth, FL 33467*

TITLE ☐ Delete  
NAME LEVIN, RUTH  
STREET ADDRESS 7915 WILLOW SPRING #1213  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Change ☐ Addition  
NAME *Director Lang, Elliot*  
STREET ADDRESS *72928 Willow Sp. Dr #1317*  
CITY-ST-ZIP *Lake Worth, FL 33467*

TITLE ☒ Delete  
NAME FARBER, HAROLD  
STREET ADDRESS 7928 WILLOW SPRINGS DR #1216  
CITY-ST-ZIP LAKE WORTH FL 33467

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

TITLE ☒ Delete  
NAME ANTHONY, MICHAEL  
STREET ADDRESS 7892 WILLOW SPRING DR. #1513  
CITY-ST-ZIP LAKE WORTH FL 33467

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 exemptions contained in Section 119, 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:** *Ruth Levin - RUTH LEVIN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 3, 06*  
Date

*561-964-3563*  
Daytime Phone #