

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90011 030 \*\*\*\*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



01092008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2622442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

FUCHS, NANCY  
7926 WILLOW SPRING DR.  
#1316  
LAKE WORTH, FL 33467

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☒ D  
NAME ~~DOYLE, ELAINE~~ George Mercado  
STREET ADDRESS 7926 WILLOW SPRING DR. #1012 1621  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☒ D  
NAME ~~OSTER, ETHEL~~ Carol Fournier  
STREET ADDRESS 7926 WILLOW SPRING DR. #1547 1318  
CITY-ST-ZIP LAKE WORTH, FL 33467

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

TITLE T  
NAME FUCHS, NANCY  
STREET ADDRESS 7926 WILLOW SPRING DR. #1316  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☒ V.P.  
NAME HUNT, ELEANOR  
STREET ADDRESS 7926 WILLOW SPRING DR. #1326  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Nancy Fuchs*

3/24/08