

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90223 013 \*\*\*\*61.25

**DOCUMENT # N11644**

1. Entity Name

**THE GARDENS OF WILLOW BEND III CONDOMINIUM ASSOC  
IATION, INC.**



Principal Place of Business

**3825 MEED DR.  
LAKE WORTH FL 33467  
US**

Mailing Address

**4000 S 57TH AVE  
101  
LAKE WORTH FL 33463**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**LEVIN, RUTH  
7915 WILLOW SPRING DR #1213  
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

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 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SEC**  
NAME **DOYLE, MILTON** ☐ Delete  
STREET ADDRESS **7926 WILLOW SPRINGS DR #1312**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **T**  
NAME **IERVOLINA, BETTY** ☐ Delete  
STREET ADDRESS **7926 WILLOW SPRING DR #1311**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

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

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

TITLE **D**  
NAME **JASPER, WILLIAM** ☒ Delete  
STREET ADDRESS **7903 WILLOW SPRING DR #1115**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

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

CR2E037 (10/02)

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: RUTH LEVIN**

**1/10/03 561 964 3563**