

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757236

Entity Name: WILLOW BEND ASSOCIATION, INC.**Current Principal Place of Business:**3825 MEED DRIVE S
LAKE WORTH, FL 33467**Current Mailing Address:**C/O SEACREST SERVICES INC
2101 CENTREPARK W DR STE 110
WEST PALM BEACH, FL 33409 US**FEI Number:** 59-2163131**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WASSERSTEIN, P.A.
301 YAMATO ROAD
STE. 2199
BOCA RATON, FL 33431 US*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:** DANIEL WASSERSTEIN

02/23/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name POMERANTZ, WILLIAM
Address 3825 MEED DRIVE S
City-State-Zip: LAKE WORTH FL 33467

Title VP
Name RIVERA, DENNIS
Address 3825 MEED DRIVE S
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER
Name BURGER, KATHY
Address 3825 MEED DRIVE S
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY
Name COMIS, DEBORAH
Address 3825 MEED DRIVE S
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name MOLLOY, GERARD
Address 3825 MEED DRIVE S
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name MITCHELL, JEANETTE
Address 3825 MEED DRIVE S
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name LEONARDO, ROBERTA
Address 3825 MEED DRIVE S
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name VALIENTE, CELIA
Address 3825 MEED DRIVE S
City-State-Zip: LAKE WORTH FL 33467

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I hereby 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 all other like empowered.

SIGNATURE: WILLIAM POMERANTZ

PRESIDENT

02/23/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MC LEAN, CAROLE
Address	3825 MEED DRIVE S
City-State-Zip:	LAKE WORTH FL 33467