

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757236

**Entity Name:** WILLOW BEND ASSOCIATION, INC.**Current Principal Place of Business:**3825 MEED DRIVE  
LAKE WORTH, FL 33467**Current Mailing Address:**3825 MEED DRIVE  
LAKE WORTH, FL 33467**FEI Number:** 59-2163131**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GELFAND, MICHAEL J  
GELFAND & ARPE, P.A.  
1555 PALM BEACH LAKES BLVD. STE#1220  
WEST PALM BEACH, FL 33401-5014 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GROSSMAN, BEVERLY F  
Address        3825 MEED DR SO.  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            FUCHS, NANCY  
Address        3825 MEED DR. SO  
City-State-Zip: LAKE WORTH FL 33467

Title            VP  
Name            POMERANTZ, WILLIAM  
Address        3825 MEED DR SO  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY  
Name            LEVIN, RUTH S  
Address        3825 MEED DR SO  
City-State-Zip: LAKE WORTH FL 33467

Title            D  
Name            BOURJAILI, NICOLAS  
Address        3825 MEED DR SO  
City-State-Zip: LAKE WORTH FL 33467

Title            D  
Name            SKULSKY, PHILLIP  
Address        3825 MEED DR SO  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            CHERTOFF, MICHAEL  
Address        3825 MEED DR SO  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            BECKER, FRAN  
Address        3825 MEED DR SO  
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:** BEVERLY GROSSMAN

PRESIDENT

02/27/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	ANTONIK, CAROL
Address	3825 MEED DR SO
City-State-Zip:	LAKE WORTH FL 33467