

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738864** (8)
1. Corporation Name
WILLOW POND HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 9850 S.W. 2ND ST. PLANTATION FL 33324		Mailing Address 9850 S.W. 2ND ST. PLANTATION FL 33324		3. Date Incorporated or Qualified 04/28/1977	
		4. FEI Number 59-1773056		Applied For Not Applicable	
2. Principal Place of Business 21		2a. Mailing Address 26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23		City & State 28		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24		Country 25		Zip 29	
				Country 30	
9. Name and Address of Current Registered Agent ANDREWS, MACHELLE 9850 S.W. 2ND STREET PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, MARLA	1.2 NAME	Carroll, Marla
STREET ADDRESS	9811 SW 2ND ST	1.3 STREET ADDRESS	9811 SW 2nd st
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBLIK, AL	2.2 NAME	Garblik, Al
STREET ADDRESS	9800 SW 2ND ST	2.3 STREET ADDRESS	9800 SW 2nd st
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, MACHELLE	3.2 NAME	Andrews, Machelu
STREET ADDRESS	9850 S.W. 2ND ST	3.3 STREET ADDRESS	9850 SW 2nd st
CITY-ST-ZIP	PLANTATION FL 33324	3.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Machelle Andrews

3/23/98 954-916-2092

CR2E037 (10/97)