

FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90160 017 ****61.25

0038888

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738864

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/28/1977

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1773056

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDREWS, MACHELLE
9850 S.W. 2ND STREET
PLANTATION FL 33324**

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 *Machelle Andrews*
Signature, typed or printed name of registered agent and title if applicable.

Machelle Andrews
(NOTE: Registered Agent signature required when reinstating)

DATE **4/15/99**

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **CARROLL, MARLA**
CITY-ST-ZIP **9811 SW 2ND ST
PLANTATION FL 33324**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GARBLIK, AL**
CITY-ST-ZIP **9800 SW 2ND ST
PLANTATION FL 33324**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **ANDREWS, MACHELLE**
CITY-ST-ZIP **9850 S.W. 2ND ST
PLANTATION FL 33324**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Machelle Andrews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)