

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738864

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1773056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Machelle Andrews, machelle andrews, treasurer 4/16/01

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FEINMAN, MICHAEL
STREET ADDRESS 9861 SW 2ND ST
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

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

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

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

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Machelle Andrews, machelle andrews, treasurer 4/16/01 9549162092

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90020 026 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)