

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745388 (9)
1. Corporation Name
VILLAGE OF WILLOW WOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
6801 WILLOWOOD DR BOCA RATON FL 33434

3. Date Incorporated or Qualified **12/27/1978** 3a. Date of Last Report **02/21/1995**
4. FEI Number **59-1894106** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**ISAACSON, WILLIAM K.
5295 TOWN CENTER ROAD SUITE #200
BOCA RATON FL 33486**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	GT <input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABAY, JOE	12 NAME	
STREET ADDRESS	6845 WILLOWOOD DRIVE	13 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	14 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNHARDT, DENMARK	22 NAME	
STREET ADDRESS	6904 WILLOWOOD DR	23 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	24 CITY - ST - ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIMMERMAN, LESTER	32 NAME	D SILVERMAN, LEONARD
STREET ADDRESS	6805 WILLOWOOD DRIVE	33 STREET ADDRESS	6815 WILLOWOOD DR. #4033
CITY - ST - ZIP	BOCA RATON FL	34 CITY - ST - ZIP	BOCA RATON, FL
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, EUGENE	42 NAME	
STREET ADDRESS	6797 WILLOWOOD DR	43 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTER, HERSCH	52 NAME	
STREET ADDRESS	20109 WATERS EDGE DRIVE	53 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	HARWICK, MAX
STREET ADDRESS		63 STREET ADDRESS	6895 WILLOWOOD DR. #1072
CITY - ST - ZIP		64 CITY - ST - ZIP	BOCA RATON, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 483-7356
Date Daytime Phone #

CR2E037 (12/95)