


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 745388**  
 1. Entity Name  
**VILLAGE OF WILLOW WOOD ASSOCIATION, INC.**



Principal Place of Business: **6801 WILLOWWOOD DR BOCA RATON FL 33434**  
 Mailing Address: **6801 WILLOWWOOD DR BOCA RATON FL 33434**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-1894106**  
 Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WILLIAM K. ISAACSON,  
 C/O LANG MANAGEMENT COMPANY, INC.  
 21045 COMMERCIAL TRAIL  
 BOCA RATON FL 33486-1006**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME	D ELIAS, HOWARD <input type="checkbox"/> Delete
STREET ADDRESS	6875 WILLOWWOOD DR., UNIT 2083
CITY - ST - ZIP	BOCA RATON FL
TITLE NAME	PD BERNHARDT, DENMARK <input type="checkbox"/> Delete
STREET ADDRESS	6904 WILLOWWOOD DR
CITY - ST - ZIP	BOCA RATON FL
TITLE NAME	ST FRIEDMAN, EUGENE <input type="checkbox"/> Delete
STREET ADDRESS	6797 WILLOWWOOD DR
CITY - ST - ZIP	BOCA RATON FL
TITLE NAME	VP LESTER, HERSCH <input type="checkbox"/> Delete
STREET ADDRESS	20109 WATERS EDGE DRIVE
CITY - ST - ZIP	BOCA RATON FL
TITLE NAME	D WHITEMAN, LENORE <input type="checkbox"/> Delete
STREET ADDRESS	6815 WILLOW WOOD DRIVE, UNIT 4012
CITY - ST - ZIP	BOCA RATON FL 33434
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	

U00000059128  
 02/20/04-80068-021 70.00

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: Lenore Whiteman **2-14-04** **561-483-7356**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #