

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90140 030 ****70.00

UBR03/03

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

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

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	D	<input type="checkbox"/> Delete
NAME	ELIAS, HOWARD	
STREET ADDRESS	6875 WILLOWWOOD DR., UNIT 2083	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERNHARDT, DENMARK	
STREET ADDRESS	6904 WILLOWWOOD DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FRIEDMAN, EUGENE	
STREET ADDRESS	6797 WILLOWWOOD DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LESTER, HERSCH	
STREET ADDRESS	20109 WATERS EDGE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WERNER, BURKLIN	
STREET ADDRESS	6815 WILLOW WOOD DRIVE #4073	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Lenore Whiteman, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6815 Willow Wood Drive	
STREET ADDRESS	Unit 4012	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 reports 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: *William Isaacson* **3/27/03**

CR2E037 (10/02)