

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90229 007 ***150.00

DOCUMENT # 758084

1. Corporation Name

WILLOW WOOD TOWNHOME VILLAS HOMEOWNERS ASSOCIATI
ON, INC.

Principal Place of Business

1117 SOMERSET CIR S
DUNEDIN FL 34698
US

Mailing Address

1113 SOMERSET CIRCLE S.
DUNEDIN FL 34698



2. Principal Place of Business

21 1109 SOMERSET CIR S.

Suite, Apt. #, etc.

22 DUNEDIN, FL

City & State

23 34698 PINELLAS

Zip Country

24 25 29 30

2a. Mailing Address

26 1109 SOMERSET CIR S.

Suite, Apt. #, etc.

27 DUNEDIN, FL

City & State

28 34698 PINELLAS

Zip Country

3. Date Incorporated or Qualified

10/06/1981

4. FEI Number

59-2563968

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

9. Name and Address of Current Registered Agent

PEEPLES, AUSTIN
1117 SOMERSET CIR S
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name

GINNY LEE

82 Street Address (P.O. Box Number is Not Acceptable)

1109 SOMERSET CIR S.

83

DUNEDIN

FL

34698

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

[Signature]

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SANDY, KEITH
STREET ADDRESS 1119 SOMERSET CIRCLE S.
CITY-ST-ZIP DUNEDIN FL 34698 ☒ DELETE

TITLE VD
NAME CAMERON, JACK
STREET ADDRESS 1115 SOMERSET CIRCLE S.
CITY-ST-ZIP DUNEDIN FL 34698 ☒ DELETE

TITLE SD
NAME CAMERON, SCULLY
STREET ADDRESS 1115 SOMERSET CIRCLE
CITY-ST-ZIP DUNEDIN FL 34698 ☒ DELETE

TITLE TD
NAME PEEPLES, AUSTIN
STREET ADDRESS 1117 SOMERSET CIRCLES
CITY-ST-ZIP DUNEDIN FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME CHARLOTTE SAGAN
1.3 STREET ADDRESS 1113 SOMERSET CIR S.
1.4 CITY-ST-ZIP DUNEDIN, FL 34698

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

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME GINNY LEE
3.3 STREET ADDRESS 1109 SOMERSET CIR S.
3.4 CITY-ST-ZIP DUNEDIN, FL 34698

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME GINNY LEE
4.3 STREET ADDRESS 1109 SOMERSET CIR S.
4.4 CITY-ST-ZIP DUNEDIN, FL 34698

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-99 727734-5051

CR2E037 (11/98)