

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758084

1. Entity Name

WILLOW WOOD TOWNHOME VILLAS HOMEOWNERS ASSOCIATI

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90154 028 ****61.25

Principal Place of Business

Mailing Address

1109 SOMESSET CIR S
DUNEDIN FL 34698
US

1109 SOMESSET CIR S
DUNEDIN FL 34698
US

C0008123



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2563968

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PEEPLES, AUSTIN
1117 SOMERSET CIR S
DUNEDIN FL 34698

Name VIRGINIA L LEE
Street Address (P.O. Box Number is Not Acceptable) 1109 SOMERSET CIRC S
City DUNEDIN FL 34698

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

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 ☐ Delete
NAME PD
STREET ADDRESS CHARLOTTE, SAGAN
CITY-ST-ZIP 1113 SOMERSET CIR S
DUNEDIN FL 34698

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

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

TITLE ☐ Change ☒ Addition
NAME WALTER SAGAN
STREET ADDRESS 1113 SOMERSET CIRC S
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Delete
NAME SD
STREET ADDRESS LEE, GINNY
CITY-ST-ZIP 1109 SOMERSET CIR S
DUNEDIN FL 34698

TITLE ☐ Change ☐ Addition
NAME S
STREET ADDRESS VIRGINIA LEE
CITY-ST-ZIP 1109 SOMERSET CIRC S
DUNEDIN FL 34698

TITLE ☐ Delete
NAME TD
STREET ADDRESS LEE, GINNY
CITY-ST-ZIP 1109 SOMERSET CIR S.
DUNEDIN FL 34698

TITLE ☐ Change ☐ Addition
NAME T
STREET ADDRESS VIRGINIA LEE
CITY-ST-ZIP 1109 SOMERSET C

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)