

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 758084**

1. Entity Name

**WILLOW WOOD TOWNHOME VILLAS HOMEOWNERS ASSOCIATI
ON, INC.**

Principal Place of Business

**1109 SOMESET CIR S
DUNEDIN FL 34698
US**

Mailing Address

**1109 SOMESET CIR S
DUNEDIN FL 34698
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2563968

Applied For

Not Applicable

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

**LEE, VIRGINIA L
1109 SOMERSET CIR S
DUNEDIN FL 34698**

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHARLOTTE, SAGAN	
STREET ADDRESS	1113 SOMERSET CIR S	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE	V	<input type="checkbox"/> Delete
NAME	SAGAN, WALTER	
STREET ADDRESS	1113 SOMERSET CIR S	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE	ST	<input type="checkbox"/> Delete
NAME	LEE, VIRGINIA S	
STREET ADDRESS	1109 SOMERSET CIR S	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE	TD	<input type="checkbox"/> Delete
NAME	LEE, GINNY	
STREET ADDRESS	1109 SOMERSET CIR S.	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-24-02**

Date

727 734-5051

Daytime Phone #

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90117 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)