FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

NAME STREET ADDRESS

CITY-ST-ZIP

758416

(2)

WILLOW COURT OF OAK TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address				4 469 SIN 1800 I BLIEF IDDIL GEODI BEDIK OLIN BEDIK DIDIH GEDEL BEGEN ALDIH DEDER HOOF
218 DATURA ST. 219 DATURA ST.				
P. O. BOX 989		P. O. BOX 969		
WEST PALM BCH. FL 33401 WEST PALM BCH. FL 33401-5			5679	3. Date Incorporated or Qualified 3a. Date of Last Report
]				05/20/1981 02/22/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number X Applied For
21		26		59-2157874 Not Applicable
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
1		27		Fee Hequired
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	28 Zip	Country	
24	25	29 3	-	B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
81 Name				
BOVA, JOSEPH C				7. Ted Brown Jr.
218 DATURA ST			5	ddress (P.O. Box Number is Not Acceptable) 513 US H1ghway #1 STE 107
W PALM BCH FL 33401			83	
)			84 City	85 Zip,Code
				orth Palm Beach ► 33408
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.				
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE TO SCHOOL TO LEVIS ROWN JB				
Signature, typed or printed name of registered agent and like if applicable (NOTE: Registered Agent signature registered Agent si				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	L DELETE		
NAME	BOVA, JOSEPH C.	_	1.2 NAME	President D
STREET ADDRESS	218 DATURA ST.		1.3 STREET ADDRESS	1897 Palm Beach Lakes Blvd STE 219
CITY - ST - ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	West Palm Beach FL 33409
TITLE	SD	K DELETE	2.1 TITLE	Secretary D K Change Addition
NAME	METZ, ARLENE H.		2.2 NAME	F. Ted Brown, Jr.
STREET ADDRESS	218 DATURA ST.		2.3 STREET ADDRESS	513 US Highway #1, STE 107
CITY-ST-ZIP	WEST PALM BEACH FL	·		North Palm Beach Florida 33408
TITLE	VTD	K DELETE	1	D
NAME	MAHONEY, BRIAN			Gleason N. Stambaugh, Jr.
STREET ADDRESS	218 DATURA ST.			100 Potter Road
CITY-ST-ZIP	WEST PALM BEACH FL	DELETE		West Palm Beach, FL 33409
TITLE		OCLCIK	4.1 TITLE 4.2 NAME	ייין פואנולני ביין אינטוניניו בייין פואנולני בייין אינטוניניון
NAME CTREET ADDOCCC			4.2 NAME 4.3 STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP	, ,
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	•
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
THE		DELETE	617006	☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 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.

SIGNATURE:

Date Officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, 1 further certify that the information indicated on this annual report of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it is not a support of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the information indicated in the information indicated in the information indicated in the information indicated in the information indicated in

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP FILED Apr 30 1997 8:00am Secretary of State



2E037 (9/96)