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FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

|--|

1. Corporation Name

WILLOW COURT OF OAK TERRACE CONDOMINIUM ASSOCIAT ION, INC.

Principal Place of Business
513 U.S. HIGHWAY #1
SUITE 107
NORTH PALM BEACH FL 3340
US

Mailing Address 513 U.S. HIGHWAY #1

SUITE 107

NORTH PALM BEACH FL 33408



2.	Principal Place of Business 2a. Mailing Address				3. Date incorporated or Qualifed						
21	26				05/20/1981						
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number Applied For						
22		27			59-2157874 Not Applicable						
23	City & State City & State				5. Certifcate of Status Desired \$8.75 Additional Fee Required						
24	Zip Country	29	Zip Cou	ntry	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name						
BROWN, F. T JR. 513 US HWY. 1				82	Street Address (P.O. Box Number is Not Acceptable)						
	STE. 107			83							
NORTH PALM BEACH FL 33408					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 heart of directors. I berefy accept the appointment or registered											

agent. I am ramiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TITLE	PD 🖾 DEL	LETE	1.1 TITLE	PD					Change	▼ Addition		
NAME	MCFOSTER, ROBERT		1.2 NAME	Phillip	D. /	Anderson	L					
STREET ADDRESS	1897 PALM BEACH LAKES BLVD., STE. 219		1.3 STREET ADDRESS	1411 -								
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP			Gardens,	FL	3341	18			
TITLE	SD DEL	ETE	2.1 TTLE						Change	☐ Addition		
NAME	BROWN, F. T JR.		2.2 NAME									
STREET ADDRESS	513 US HWY 1, STE. 107		2.3 STREET ADDRESS		•			<u>-</u> · -	_			
CITY-ST-ZIP	NORTH PALM BEACH FL		2.4 CITY-ST-ZIP									
TITLE	D DEL	.ETE	3.1 TITLE						☐ Change	Addition		
NAME	STAMBAUGH, GLEASON N JR.		3.2 NAME									
STREET ADDRESS	100 POTTER RD.		3.3 STREET ADDRESS									
CITY-ST-ZIP	WEST PALM BEACH FL		3.4. CITY-ST-ZIP									
TITLE	☐ DEL	.ETE	4.1 TITLE						Change	☐ Addition		
NAME			4. 2 NAME									
STREET ADDRESS			4.3 STREET ADDRESS									
CITY-ST-ZIP			4.4 CITY-ST-ZIP							,		
TITLE	☐ DELI	.ETE	5.1 TITLE			•			Change	Addition		
NAME		1	5.2 NAME									
STREET ADDRESS		ŀ	5.3 STREET ADDRESS									
CITY-ST-ZIP			5.4 CITY-ST-ZIP									
TITLE	□ DELI	ETE	6.1 TITLE						Change	☐ Addition		
NAME:			6.2 NAME							1		
STREET ADDRESS			6.3 STREET ADDRESS									
CITY-ST-ZIP			6.4 CITY-ST-ZIP									

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.

(561) 842-4600