FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 1:56

DOCUMENT # **K34213** **(4)**

1. Corporation Name
THE WILLOWS CONDOMINIUM DEVELOPMENT CORPORATION

Principal Place of Business
6099 113TH ST N
SEMINOLE FL 34642-6843

Mailing Address
6099 113TH ST N
SEMINOLE FL 34642-6843

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/26/1988
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business
21
2a. Mailing Address
26 c/o Intellivest Mgmt., Inc.

Suite, Apt. #, etc.
22
Suite, Apt. #, etc.
27 13535 Feather Sound Dr., #125

City & State
23
City & State
28 Clearwater, FL

Zip 24 Country 25
Zip 29 34622 Country 30 USA

4. FEI Number: 62-1368738 — 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BACON, DAVID A.
2959 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name: Ralph Tirabassi
82 Street Address (P.O. Box Number is Not Acceptable): 1515 Ringling Blvd.
83: Suite 100
84 City: Sarasota FL 85 Zip Code: 34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: E. Ralph Tirabassi
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	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	DONNELLY, JAMES	1.2 NAME	
STREET ADDRESS	1500-130 ALBERT ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OTTAWA, ONTARIO, CAN	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	MCBRIDE, ROSS	2.2 NAME	
STREET ADDRESS	1500-130 ALBERT ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	OTTAWA, ONTARIO, CAN	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	VAUGHAN, CRAIG	3.2 NAME	
STREET ADDRESS	1500-130 ALBERT ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OTTAWA, ONTAIRO, CAN	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Craig A. Vaughan — Feb 28/95 — 613-782-2277
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0400004 FF