

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 13 1996 8:00 am  
Secretary of State

DOCUMENT # **K34213** (4)  
1. Corporation Name  
**THE WILLOWS CONDOMINIUM DEVELOPMENT CORPORATION**



Principal Place of Business

Mailing Address

6099 113TH ST N  
SEMINOLE FL 34642-6843

C/O INTELLIVEST MGMT., INC  
13535 FEATHER SOUND DR., #125  
CLEARWATER FL 34622  
US

3. Date Incorporated or Qualified <b>09/26/1988</b>	3a. Date of Last Report <b>04/05/1995</b>
4. FEI Number <b>62-1368738</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. <b>c/o Sterling Management, Inc.</b> 27. <b>1301 Seminole Blvd., #172</b> 28. <b>Largo, FL</b> 29. <b>34640</b> 30. <b>USA</b>
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TIRABASSI, RALPH**  
**1515 RINGLING BLVD**  
**SUITE 100**  
**SARASOTA FL 34230**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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

Signature typed or printed name of registered agent and board applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, JAMES	1.2 NAME	
STREET ADDRESS	1500-130 ALBERT ST	1.3 STREET ADDRESS	235 Stafford Road West, #103
CITY- ST- ZIP	OTTAWA, ONTARIO, CAN	1.4 CITY- ST- ZIP	Nepean, Ontario K2H 9C1 Canada
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, ROSS	2.2 NAME	
STREET ADDRESS	1500-130 ALBERT ST	2.3 STREET ADDRESS	235 Stafford Road West, #103
CITY- ST- ZIP	OTTAWA, ONTARIO, CAN	2.4 CITY- ST- ZIP	Nepean, Ontario K2H 9C1 Canada
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, CRAIG	3.2 NAME	
STREET ADDRESS	1500-130 ALBERT ST	3.3 STREET ADDRESS	235 Stafford Road West, #103
CITY- ST- ZIP	OTTAWA, ONTARIO, CAN	3.4 CITY- ST- ZIP	Nepean, Ontario K2H 9C1 Canada
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

3/7/96

613-721-1722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)