

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90136 035 ****61.25

DOCUMENT # N00000004058

1. Entity Name

WILLOUGHBY TOWNHOMES HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business

**8000 GOVERNORS SQUARE BLVD., SUITE 101
 MIAMI LAKES FL 33016**

Mailing Address

**8000 GOVERNORS SQUARE BLVD., SUITE 101
 MIAMI LAKES FL 33016**

2. Principal Place of Business

3. Mailing Address

c/o Castle Management, Inc.

Suite, Apt. #, etc.

P.O. Box 189013

City & State

Plantation, FL

4. FEI Number

65-1045909

Applied For

Not Applicable

Zip

Country

Zip

Country

33318

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JUAN E
 8000 GOVERNORS SQUARE BLVD., SUITE 101
 MIAMI LAKES FL 33016**

*(address
 correction
 only)*

7. Name and Address of New Registered Agent

**Name: JUAN E. RODRIGUEZ, ESQ.
 Street Address (P.O. Box Number is Not Acceptable):
 2550 BRICKELL BAYVIEW CENTRE
 80 SW 8 STREET
 City: MIAMI FL Zip Code: 33130**

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 \$61.25**

9. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HUMPHRIES, MICHAEL 8000 GOVERNORS SQUARE BLVD., SUITE 101 MIAMI LAKES FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROCA, RAFAEL 8000 GOVERNORS SQUARE BLVD., SUITE 101 MIAMI LAKES FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHARPSTEEN, CANDACE 8000 GOVERNORS SQUARE BLVD., SUITE 101 MIAMI LAKES FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUERRA, FRANCES J 8000 GOVERNORS SQUARE BLVD., SUITE 101 MIAMI LAKES FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: X *Michael Humphries* **Michael Humphries, President** **10/01** **305-512-4954**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)