

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05095 (7)

1. Corporation Name

WILLOW LAKES SOUTH ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/11/1984	3a. Date of Last Report 04/06/1994
4. FEI Number NOT APPLICABLE	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

Principal Place of Business Mailing Address
**641 GRANDVIEW DR.
P.O. BOX 265
LEHIGH FL 33936**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**BATSEL, C. GUY
1881 PLACIDA ROAD
SUITE 104
ENGLEWOOD FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROOT, JOHN	1.2 NAME	
STREET ADDRESS	202 FIRESIDE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, KATHERINE	2.2 NAME	
STREET ADDRESS	139 W. LAKE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SNYDER, LORRAINE	3.2 NAME	
STREET ADDRESS	204 RICHMOND AVE.S	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	EMMEL, MARJORIE	4.2 NAME	
STREET ADDRESS	641 GRANDVIEW DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAM, JAY	5.2 NAME	
STREET ADDRESS	200 FIRESIDE CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	JONES, MARION	6.2 NAME	
STREET ADDRESS	135 EAST LAKE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X John A. Root Res. April 19, '95
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date