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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N05095 (7)

1. Corporation Name

WILLOW LAKES SOUTH ASSOCIATION, INC.



Principal Place of Business

641 GRANDVIEW DR.
P.O. BOX 265
LEHIGH FL 33936

Mailing Address

641 GRANDVIEW DR.
P.O. BOX 265
LEHIGH FL 33936

3. Date Incorporated or Qualified
09/11/1984

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 135 E LAKE DR.

26 135 E LAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. BOX 265

27 P.O. BOX 265

City & State

City & State

23 LEHIGH ACRES, FL.

28 LEHIGH ACRES, FL.

Zip

Country

Zip

Country

24 33936

25 LEE

29 33936

30 LEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATSEL, C. GUY
1861 PLACIDA ROAD
SUITE 104
ENGLEWOOD FL

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 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 board of directors. I hereby accept the appointment as registered agent. I am familiar 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
NAME ROOT, JOHN
STREET ADDRESS 202 FIRESIDE COURT
CITY-ST-ZIP LEHIGH ACRES FL

1.1 TITLE PD
1.2 NAME ABE LANDES
1.3 STREET ADDRESS 161 RICHMOND AVE.S.
1.4 CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE VD
NAME MITCHELL, KATHERINE
STREET ADDRESS 139 W. LAKE DR
CITY-ST-ZIP LEHIGH ACRES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME SNYDER, LORRAINE
STREET ADDRESS 204 RICHMOND AVE.S
CITY-ST-ZIP LEHIGH ACRES FL 33936

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME EMMEL, MARJORIE
STREET ADDRESS 641 GRANDVIEW DRIVE
CITY-ST-ZIP LEHIGH ACRES FL

4.1 TITLE TD
4.2 NAME MARION C. JONES
4.3 STREET ADDRESS 135 E. LAKE DR
4.4 CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE D
NAME WILLIAM, JAY
STREET ADDRESS 200 FIRESIDE CT.
CITY-ST-ZIP LEHIGH ACRES FL 33936

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME JONES, MARION
STREET ADDRESS 135 EAST LAKE DRIVE
CITY-ST-ZIP LEHIGH ACRES FL

6.1 TITLE D
6.2 NAME CECIL L. WALLACE
6.3 STREET ADDRESS 704 ARIANNE CT.
6.4 CITY-ST-ZIP LEHIGH ACRES FL 33936

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/96 491-369-7461

CR2E037 (12/95)