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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

135 E LAKE DR  
P.O. BOX 265  
LEHIGH FL 33936  
US

135 E LAKE DR  
P.O. BOX 265  
LEHIGH FL 33936-6907  
US

3. Date incorporated or Qualified  
09/11/1984

3a. Date of Last Report  
04/22/1996

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

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

2. Principal Place of Business

2a. Mailing Address

21 700 ARIANNE CT  
Suite, Apt. #, etc.

26 700 ARIANNE CT  
Suite, Apt. #, etc.

22 PO BOX 265  
City & State

27 PO BOX 265  
City & State

23 LEHIGH ACRES FL  
Zip

28 LEHIGH ACRES FL  
Zip

24 33936 25 USA

29 33936 30 USA

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME ABE LANDES  
STREET ADDRESS 101 RICHMOND AVE S  
CITY-ST-ZIP LEHIGH ACRES FL

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME WILLIAM JAY  
1.3 STREET ADDRESS 200 FIRESIDE CT  
1.4 CITY-ST-ZIP LEHIGH ACRES FL 33936

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

2.1 TITLE VD ☒ Change ☒ Addition  
2.2 NAME SANDRA PARISEAU  
2.3 STREET ADDRESS 708 ARIANNE CT  
2.4 CITY-ST-ZIP LEHIGH ACRES FL 33936

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

3.1 TITLE SD ☒ Change ☒ Addition  
3.2 NAME SUSAN LYONS  
3.3 STREET ADDRESS 700 ARIANNE CT  
3.4 CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE TD ☒ DELETE  
NAME MARION C. JONES  
STREET ADDRESS 135 E LAKE DR  
CITY-ST-ZIP LEHIGH ACRES FL

4.1 TITLE TD ☒ Change ☒ Addition  
4.2 NAME LEWIS RISICA  
4.3 STREET ADDRESS 201 FIRESIDE CT  
4.4 CITY-ST-ZIP LEHIGH ACRES FL 33936

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

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME ROGER PARISEAU  
5.3 STREET ADDRESS 708 ARIANNE CT.  
5.4 CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE D ☒ DELETE  
NAME CECIL L. WALLACE  
STREET ADDRESS 704 ARIANNE CT  
CITY-ST-ZIP LEHIGH ACRES FL

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME BONNIE MAZZA  
6.3 STREET ADDRESS 709 E. LAKE AVE  
6.4 CITY-ST-ZIP LEHIGH ACRES FL 33936

14. I do 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 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: SUSAN E LYONS 1/14/97 (941)368-7906  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)