

FILE NOW: FILING FEE IS \$61.25

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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05095** (7)

1. Corporation Name

WILLOW LAKES SOUTH ASSOCIATION, INC.



Principal Place of Business	Mailing Address
700 ARIANNE CT. P.O. BOX 265 LEHIGH ACRES FL 33936 US	700 ARIANNE CT. P.O. BOX 265 LEHIGH ACRES FL 33936 US

3. Date Incorporated or Qualified

09/11/1984

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No **NA**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JAY, WILLIAM	
STREET ADDRESS	200 FIRESIDE CT.	
CITY-ST-ZIP	LEHIGH ACRES FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PARISEAU, SANDRA	
STREET ADDRESS	708 ARIANNE CT.	
CITY-ST-ZIP	LEHIGH ACRES FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LYONS, SUSAN	
STREET ADDRESS	700 ARIANNE CT.	
CITY-ST-ZIP	LEHIGH ACRES FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	RISICA, LEWIS	
STREET ADDRESS	201 FIRESIDE CT.	
CITY-ST-ZIP	LEHIGH ACRES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PARISEAU, ROPER	
STREET ADDRESS	708 ARIANNE CT.	
CITY-ST-ZIP	LEHIGH ACRES FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAZZA, BONNIE	
STREET ADDRESS	709 E. LAKE AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARTIN, HARTLEY	
1.3 STREET ADDRESS	119 DALEVIEW AV	
1.4 CITY-ST-ZIP	LEHIGH ACRES FL 33936	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LARRY LYONS	
2.3 STREET ADDRESS	700 ARIANNE CT	
2.4 CITY-ST-ZIP	LEHIGH ACRES FL 33936	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HENRIETTA PLYM	
3.3 STREET ADDRESS	503 HILLSIDE ST	
3.4 CITY-ST-ZIP	LEHIGH ACRES FL 33936	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DORIS HAMMOND	
4.3 STREET ADDRESS	213 LAKE DR	
4.4 CITY-ST-ZIP	LEHIGH ACRES FL 33936	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RONALD MC ELHANEY	
5.3 STREET ADDRESS	241 SO. LAKE DR	
5.4 CITY-ST-ZIP	LEHIGH ACRES FL 33936	

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

14. 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 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** **RECEIVED E Lyons, Sec.** **2/18/98** **368-7906** **(941)**

CFR2E037 (10/97)