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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N05095					
1. Corporation Name WILLOW LAKES SOUTH ASSOCIATION, INC.					
Principal Place of Business 700 ARIANNE CT. P.O. BOX 265 LEHIGH ACRES FL 33936 US			Mailing Address 700 ARIANNE CT. P.O. BOX 265 LEHIGH ACRES FL 33936 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/11/1984	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution		7. Date of Filing	

9. Name and Address of Current Registered Agent BATSEL, C. GUY 1861 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			
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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 NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, HARTLEY 119 DALEVIEW AVE LEHIGH ACRES FL 33936	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, LARRY 700 ADRIANNE CT LEHIGH ACRES FL 33936	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLYM, HENRIETTA 803 HILLSIDE ST LEHIGH ACRES FL 33936	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, DORIS 213 LAKE DR LEHIGH ACRES FL 33936	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELHANEY, RONALD 241 S LAKE DR LEHIGH ACRES FL 33936	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISICA, LEWIS 201 FIRESIDE DR LEHIGH ACRES FL 33936	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED (Susan Lyons) 4/8/99 941-368-7906

CR2E037 (11/98)

N05095

475689-90019-2

NON PROFIT CORP. ANNUAL REPORT

WILLOW LAKE SOUTH ASSOC. INC.

ADDITIONAL OFFICERS / DIRECTORS

13.

☐ change
☒ ADDITION

1.1 TITLE D

1.2. NAME BEAMER, FRED

1.3 ST ADDRESS 617 GRANDVIEW DR

1.4 CITY, ST, ZIP LEHIGH ACRES FL 33936