

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90128 048 ****61.25

DOCUMENT # N05095

1. Entity Name
WILLOW LAKES SOUTH ASSOCIATION, INC.



Principal Place of Business

**803 HILLSIDE STREET
LEHIGH ACRES FL 33936
US**

Mailing Address

**803 HILLSIDE STREET
LEHIGH ACRES FL 33936
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 265

City & State

City & State

Lehigh Acres, FL

Zip

Country

Zip

Country

33970 U.S.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **SD WHARTENBY, GLADYS**
STREET ADDRESS **200 GATESIDE ST**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD EMMEL, GERALDINE**
STREET ADDRESS **641 GRANDVIEW DR**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD PLYM, HENRIETTA**
STREET ADDRESS **803 HILLSIDE ST**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DV HAMMOND, DORIS**
STREET ADDRESS **213 LAKE DR**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D KUSER, KIM**
STREET ADDRESS **110 E. LAKE DR.**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☒ Change ☐ Addition
NAME *D. Henry, Larry*
STREET ADDRESS *113 Waterlview Ave.*
CITY-ST-ZIP *Lehigh Acres, FL 33936*

TITLE ☐ Delete
NAME **D HAMMOND, GEORGE**
STREET ADDRESS **213 LAKE DR**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Henrietta Plym

239-368-2887

CR2E037 (10/02)