2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State
04-01-2008 90011 030 ****61.25

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1. Entity Name
THE GARDENS OF WILLOW BEND III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3825 MEED DR. LAKE WORTH, FL 33467 US	3825 MEED DR SOUTH LAKE WORTH, FL 33467-3119 US

01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2622442
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FUCHS, NANCY
7926 WILLOW SPRING DR.
#1316
LAKE WORTH, FL 33467

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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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~P~~ D
NAME	~~DOYLE, ELAINE~~ George Mercado
STREET ADDRESS	~~7926~~ 1852 WILLOW SPRINGS DR. #~~1912~~ 1521
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	~~S~~ D
NAME	~~STEIN, ETHEL~~ Carol Fournier
STREET ADDRESS	~~7926~~ 7916 WILLOW SPRING DR. #~~1547~~ 1318
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	~~S~~ President
NAME	LEVIN, RUTH
STREET ADDRESS	7915 WILLOW SPRING #1213
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	T
NAME	FUCHS, NANCY
STREET ADDRESS	7926 WILLOW SPRING DR. #1316
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	~~S~~ V.P.
NAME	HUNT, ELEANOR
STREET ADDRESS	7926 WILLOW SPRING DR. #1326
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Nancy Fuchs 3/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #