

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19115 (7)

1. Corporation Name

WILLOW GREENS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O LANG MANAGEMENT CO.
5295 TOWN CENTER RD. #200
BOCA RATON FL 33486

C/O LANG MANAGEMENT CO.
5295 TOWN CENTER RD. #200
BOCA RATON FL 33486

3. Date Incorporated or Qualified
02/05/1987

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0054270

Applied For

Not Applicable

22

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

23

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANG MANAGEMENT CO., INC.
5295 TOWN CENTER RD. #200
BOCA RATON FL 33486**

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 ☐ DELETE
NAME BRAVERMAN, ARTHUR
STREET ADDRESS 6069 NW 23RD AVE
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☐ DELETE
NAME CAMPBELL, DOUG
STREET ADDRESS 6047 NW 23RD AVE
CITY-ST-ZIP BOCA RATON FL

TITLE T ☐ DELETE
NAME GELMAN, HARVEY
STREET ADDRESS 2226 NW 60TH ST.
CITY-ST-ZIP BOCA RATON FL

TITLE S ☐ DELETE
NAME PISIK, JAY
STREET ADDRESS 6001 NW 23RD AVE
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE
NAME ROSE, CARL
STREET ADDRESS 2273 NW 60TH STR
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE
NAME BRESNICK, SANDRA
STREET ADDRESS 6081 NW 23RD AVE
CITY-ST-ZIP BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

2/14/96