

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19115

1. Corporation Name

WILLOW GREENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

FILED
Mar 30, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/05/1987

4. FEI Number

65-0054270

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81

Name

82

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

83

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 **D** ☒ 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 **PD** ☐ DELETE
NAME **PISIK, JAY**
STREET ADDRESS **6001 NW 23RD AVE**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **D** ☐ DELETE
NAME **RUBENSTEIN, JACK**
STREET ADDRESS **6056 NW 22 ST**
CITY-ST-ZIP **BOCA RATON FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

SECRETARY
JIM SOUSANE
2202 NW 60th ST.
BOCA RATON, FL

☒ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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
PISIK

3/24/99

561-994-5447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)