

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90332 034 ****61.25

DOCUMENT # N19115

1. Entity Name

WILLOW GREENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**RAMPART PROPERTIES
 10033 9TH STREET N., 2ND FLOOR
 ST. PETERSBURG FL 33716**

Mailing Address

**RAMPART PROPERTIES
 10033 9TH STREET N., 2ND FLOOR
 ST. PETERSBURG FL 33716**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0054270

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

**SMITH, BRIAN
 RAMPART PROPERTIES
 10033 9TH STREET N., 2ND FLOOR
 ST. PETERSBURG FL 33716**

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☐ Delete
 NAME FRIDLUND, TOR
 STREET ADDRESS 10033 9TH ST N., 2ND FLOOR
 CITY-ST-ZIP ST. PETERSBURG FL 33716

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

TITLE VP/D ☒ Delete
 NAME WESTROPP, MICHAEL
 STREET ADDRESS 10033 9TH ST N., 2ND FLOOR
 CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE PD ☐ Change ☒ Addition
 NAME Smith, James Jimmy J.
 STREET ADDRESS 10033 9th Street N., 2nd FL
 CITY-ST-ZIP St. Petersburg, FL 33716

TITLE S/D ☐ Delete
 NAME VAUX, FRANCINE
 STREET ADDRESS 10033 9TH ST N., 2ND FLOOR
 CITY-ST-ZIP ST. PETERSBURG FL 33716

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

TITLE T/D ☒ Delete
 NAME MOIR, ALLAN
 STREET ADDRESS 10033 9TH ST N., 2ND FLOOR
 CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE T/D ☐ Change ☒ Addition
 NAME Flynn, (Jack) John
 STREET ADDRESS 10033 9th Street N., 2nd FL
 CITY-ST-ZIP St. Petersburg, FL 33716

TITLE D ☐ Delete
 NAME DEVLIN, DENNIS
 STREET ADDRESS 10033 9TH ST N., 2ND FLOOR
 CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE VPD ☐ Change ☒ Addition
 NAME Reimer, Reinhold
 STREET ADDRESS 10033 9th Street N., 2nd FL
 CITY-ST-ZIP St. Petersburg, FL 33716

TITLE D ☒ Delete
 NAME LUNDQUIST, JOHN
 STREET ADDRESS 10033 9TH ST N., 2ND FLOOR
 CITY-ST-ZIP ST. PETERSBURG FL 33716

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)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-01

727-559-7569

Date

Daytime Phone #

CR2E037 (10/00)