

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90134 008 \*\*\*\*70.00

**DOCUMENT # N19115**

1. Entity Name

**WILLOW GREENS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**21045 COMMERCIAL TRAIL  
BOCA RATON FL 33486**

Mailing Address  
**21045 COMMERCIAL TRAIL  
BOCA RATON FL 33486**



☐ CHECK HERE IF MAKING CHANGES

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

**ISAACSON, WILLIAM K  
LANG MANAGEMENT COMPANY  
21045 COMMERCIAL TRAIL  
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

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 **PD**  
NAME **SOUSANE, JAMES**  
STREET ADDRESS **2202 NW 60 STREET**  
CITY-ST-ZIP **BOCA RATON FL 33496**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **VPD**  
NAME **CAMPBELL, DOUGLAS**  
STREET ADDRESS **6047 NW 23 AVE**  
CITY-ST-ZIP **BOCA RATON FL 33496**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **SD**  
NAME **PISIK, JAY**  
STREET ADDRESS **6001 NW 23 AVE**  
CITY-ST-ZIP **BOCA RATON FL 33496**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **TD**  
NAME **GELMAN, HARVEY**  
STREET ADDRESS **2226 NW 60 STREET**  
CITY-ST-ZIP **BOCA RATON FL 33496**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **D**  
NAME **RUBENSTEIN, JACK**  
STREET ADDRESS **6056 NW 22 AVE**  
CITY-ST-ZIP **BOCA RATON FL 33496**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

CR2E037 (10/02)

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 life employees.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03