

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 # **N21798 (6)**

1. Corporation Name

WILLOW BROOK IN PELICAN BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 799 WILLOW BROOK DRIVE, NAPLES FL 33963, US
Mailing Address: 799 WILLOW BROOK DRIVE, NAPLES FL 33963, US

3. Date Incorporated or Qualified: 07/30/1987
3a. Date of Last Report: 06/13/1995

2. Principal Place of Business: 21 SHANNON ENTERPRISES, Suite, Apt. #, etc. 22 2500 TAMIAMI TRAIL N., City & State 23 NAPLES, FL, Zip 24 33940, Country 25
2a. Mailing Address: 26 2500 TAMIAMI TRAIL N., Suite, Apt. #, etc. 27 205, City & State 28 NAPLES, FL, Zip 29 33940, Country 30

4. FEI Number: 59-2872862, 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: MADDOCK, DEAN, 792 WILLOW BROOK DR, 401, NAPLES FL 33963

10. Name and Address of New Registered Agent: 81 Name: WILLIAM MAYTON SHANNON ENTERPRISES, 82 Street Address (P.O. Box Number is Not Acceptable): 2500 TAMIAMI TRAIL N. #205, 83, 84 City: NAPLES, FL, 85 Zip Code: 33940

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: [Name], (NOTE: Registered Agent signature required when reinstating) DATE: 3-27-96

12. OFFICERS AND DIRECTORS	
TITLE	TD KESSELL, GEORGE <input type="checkbox"/> DELETE
NAME	761 WILLOW BROOK DR 1406 NAPLES FL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD PILT, SCOTT <input type="checkbox"/> DELETE
NAME	797 WILLOW BROOK DR 203 NAPLES FL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD SMITH, WILLIAMS <input type="checkbox"/> DELETE
NAME	792 WILLOW BROOK DR 407 NAPLES FL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD MADDOCK, DEAN <input type="checkbox"/> DELETE
NAME	792 WILLOW BROOK DR 401 NAPLES FL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D RICHMAN, SIDNEY <input type="checkbox"/> DELETE
NAME	784 WILLOW BROOK DR, UNIT 602 NAPLES FL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D WACHTEL, DEIDRE <input type="checkbox"/> DELETE
NAME	776 WILLOW BROOK DR 802 NAPLES FL
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KESSEL, GEORGE
1.3 STREET ADDRESS	761 WILLOW BROOK DR. 1406
1.4 CITY-ST-ZIP	NAPLES, FL
2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PITT, SCOTT
2.3 STREET ADDRESS	797 WILLOW BROOK DR. 203
2.4 CITY-ST-ZIP	NAPLES, FL
3.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SMITH, WILLIS
3.3 STREET ADDRESS	792 WILLOW BROOK DR. 407
3.4 CITY-ST-ZIP	NAPLES, FL
4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BROWN, CHARLES
4.3 STREET ADDRESS	790 WILLOW BROOK DR. 302
4.4 CITY-ST-ZIP	NAPLES, FL
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MADDOCK, DEAN
5.3 STREET ADDRESS	792 WILLOW BROOK DR. 401
5.4 CITY-ST-ZIP	NAPLES, FL
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	NUNEZ, PHILLIP
6.3 STREET ADDRESS	780 WILLOW BROOK DR. 701
6.4 CITY-ST-ZIP	NAPLES, FL

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 if changed, or on an attachment with an address.

SIGNATURE: [Signature], SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Name], Date: 3/21/96, Daytime Phone #: 941-591-1349

CR2E037 (12/95)