

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21798 (6)**

1. Corporation Name  
**WILLOW BROOK IN PELICAN BAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4148-A CORPORATE SQUARE                  NAPLES FL 34104                  US</b>	Mailing Address <b>4148-A CORPORATE SQUARE                  NAPLES FL 34104                  US</b>
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3. Date Incorporated or Qualified <b>07/30/1987</b>		
4. FEI Number <b>59-2872862</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**NEWELL, WILLIAM  
 4148-A CORPORATE SQUARE  
 NAPLES FL 34104**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>PIFF, SCOTT</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>797 WILLOW BROOK DRIVE #203</b>	CITY-ST-ZIP <b>NAPLES FL 34108</b>	
TITLE <b>VD</b>	NAME <b>GUILD, DAVID</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>790 WILLOW BROOK DRIVE #305</b>	CITY-ST-ZIP <b>NAPLES FL 34108</b>	
TITLE <b>TD</b>	NAME <b>BROWN, CHARLES</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>790 WILLOW BROOK DRIVE #302</b>	CITY-ST-ZIP <b>NAPLES FL 34108</b>	
TITLE <b>SD</b>	NAME <b>KESSEL, GEORGE</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>781 WILLOW BROOK DRIVE #1406</b>	CITY-ST-ZIP <b>NAPLES FL 34105</b>	
TITLE <b>D</b>	NAME <b>LORD, FRANCIS</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>780 WILLOW BROOK DRIVE #1203</b>	CITY-ST-ZIP <b>NAPLES FL 34108</b>	
TITLE <b>D</b>	NAME <b>CASTLE, THOMAS</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>792 WILLOW BROOK DRIVE #405</b>	CITY-ST-ZIP <b>NAPLES FL 34108</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Walters, Bill</b>
1.3 STREET ADDRESS	<b>760 Willow Brook Drive # 705</b>
1.4 CITY-ST-ZIP	<b>NAPLES FL 34108</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Kukeas, Demos</b>
2.3 STREET ADDRESS	<b>768 Willow Brook Drive # 1008</b>
2.4 CITY-ST-ZIP	<b>NAPLES FL 34108</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Brown, Charles</b>
3.3 STREET ADDRESS	<b>790 Willow Brook Drive # 302</b>
3.4 CITY-ST-ZIP	<b>NAPLES FL 34108</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Sanditter, Fred</b>
4.3 STREET ADDRESS	<b>764 Willow Brook Drive # 1163</b>
4.4 CITY-ST-ZIP	<b>NAPLES FL 34108</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Mueller, Fred</b>
5.3 STREET ADDRESS	<b>765 Willow Brook Drive # 1501</b>
5.4 CITY-ST-ZIP	<b>NAPLES FL 34108</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: \_\_\_\_\_ DATE: **4-5-98** DAYTIME PHONE: **591-1349**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)