

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90295 010 \*\*\*\*61.25

**DOCUMENT # N21798**

1. Entity Name

**WILLOW BROOK IN PELICAN BAY CONDOMINIUM ASSOCIAT**

Principal Place of Business

Mailing Address

4148-A CORPORATE SQUARE  
 NAPLES FL 34104  
 US

4148-A CORPORATE SQUARE  
 NAPLES FL 34104-4753  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2872862**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	PD	<input type="checkbox"/> Delete
NAME	WALTERS, BILL	
STREET ADDRESS	780 WILLOW BROOK DRIVE #705	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KUKEAS, DEMOS	
STREET ADDRESS	768 WILLOW BROOK DRIVE #1008	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, WILLIS	
STREET ADDRESS	700 WILLOW BROOK DRIVE, #407	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	P	<input type="checkbox"/> Delete
NAME	MUELLER, FRED	
STREET ADDRESS	765 WILLOW BROOK DRIVE, #1501	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHONEY, BILL	
STREET ADDRESS	765 WILLOW BROOK DRIVE, #1502	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVERETT, ROSEMARY	
STREET ADDRESS	761 WILLOW BROOK DRIVE, #1401	
CITY-ST-ZIP	NAPLES FL 34108	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Willis	
STREET ADDRESS	792 Willow Brook Drive #407	
CITY-ST-ZIP	Naples FL 34108	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Build, David	
STREET ADDRESS	790 Willow Brook Drive #305	
CITY-ST-ZIP	Naples FL 34108	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandritter, Fred	
STREET ADDRESS	764 Willow Brook Drive #1103	
CITY-ST-ZIP	Naples FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*William Walters*  
 WILLIAM WALTERS  
 REGISTERED AGENT

3/11/00

941-370-4315

CR2E037 (9/99)