

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90090 008 \*\*\*\*61.25

**DOCUMENT # N21798**

1. Entity Name

**WILLOW BROOK IN PELICAN BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4148-A CORPORATE SQUARE  
 NAPLES FL 34104  
 US

4148-A CORPORATE SQUARE  
 NAPLES FL 34104  
 US



DO NOT WRITE IN THIS SPACE

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

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	VD	<input type="checkbox"/> Delete
NAME	GERBOSI, PETER	
STREET ADDRESS	768 WILLOW DRIVE #1004	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, CHARLES	
STREET ADDRESS	790 WILLOW BROOK DRIVE, #302	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRISS, JOANNE	
STREET ADDRESS	788 WILLOW BROOK DRIVE #501	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDITTER, FRED	
STREET ADDRESS	764 WILLOW BROOK DRIVE #1103	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORSE, CHARLES	
STREET ADDRESS	784 WILLOW BROOK DRIVE #605	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GUILD, DAVID	
STREET ADDRESS	790 WILLOW BROOK DRIVE #305	
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
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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: *David Guild* 3/26/02 941 1043 4584

CR2E037 (9/01)