


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

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90207 046 \*\*\*\*61.25

**DOCUMENT # N21798**

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



Principal Place of Business      Mailing Address

**% NEWELL PROPERTY MANAGEMENT**      **% NEWELL PROPERTY MANAGEMENT**  
**5435 JAEGER RD. #4**      **5435 JAEGER RD. #4**  
**NAPLES FL 34109**      **NAPLES FL 34109**  
**US**      **US**



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 **59-2872862**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

*Newell, William*  
5435 Jaeger Road #4  
Naples FL 34109

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]* **WILLIAM NEWELL**      DATE **4/7/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

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	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>D Field, Robert</i>	
STREET ADDRESS	<i>784 Willow Brook Drive #604</i>	
CITY-ST-ZIP	<i>Naples FL 34108</i>	
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		<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: *[Signature]*      **2-07-03**      **566-2924**

CR2E037 (10/02)