

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90056 030 ****70.00

0075807

DOCUMENT # N28126

1. Corporation Name

WILLOUGHBY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3001 SE DOUBLETON DR
STUART FL 34997
US1300 S.E. INDIAN STREET
STUART FL 34997
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	3001 SE DOUBLETON DRIVE	08/30/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0097237	
City & State		City & State		5. Certificate of Status Desired XX \$8.75 Additional Fee Required	
23		28	STUART, FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29	34997	30	

9. Name and Address of Current Registered Agent

DEAN, WILLIAM M.
585 NE OCEAN BLVD
STUART FL 34996

10. Name and Address of New Registered Agent

81	Name	MATTHIAS BLAETTERLEIN	
82	Street Address (P.O. Box Number is Not Acceptable)	3001 SE DOUBLETON DRIVE	
83			
84	City	STUART	FL
85	Zip Code	34997	

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

Matthias Blaetterlein

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AVD <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKS, RICHARD	1.2 NAME	MATTHIAS BLAETTERLEIN
STREET ADDRESS	1300 SE INDIAN ST	1.3 STREET ADDRESS	3001 SE DOUBLETON DRIVE
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, STEPHEN C	2.2 NAME	JAMES MCLERNON
STREET ADDRESS	1300 S.E. INDIAN STREET	2.3 STREET ADDRESS	3001 SE DOUBLETON DRIVE
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUVALL, MARK V.	3.2 NAME	BENNETT BOULDEN
STREET ADDRESS	1300 S. E. INDIAN STREET	3.3 STREET ADDRESS	3001 SE DOUBLETON DRIVE
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	AVD <input type="checkbox"/> DELETE	4.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOULDEN, BENNETT	4.2 NAME	RICHARD PARKS
STREET ADDRESS	1300 S. E. INDIAN STREET	4.3 STREET ADDRESS	3001 SE DOUBLETON DRIVE
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN, WILLIAM M.	5.2 NAME	JOHN WHITLINGER
STREET ADDRESS	585 NE OCEAN BLVD	5.3 STREET ADDRESS	3001 SE DOUBLETON DRIVE
CITY-ST-ZIP	STUART FL 34996	5.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	MARK V. DUVALL
STREET ADDRESS		6.3 STREET ADDRESS	3012 SE DOUBLETON DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	STUART, FL 34997

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, with all other like empowered.

SIGNATURE:

Matthias Blaetterlein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date

561-220-6000

Daytime Phone #

CR2E037 (11/98)