

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29253

1. Entity Name

WILLOW CREEK PROPERTY OWNERS' ASSOCIATION, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90106 019 ****61.25

Principal Place of Business

987 PONDELLA RD
 N. FT. MYERS FL 33903
 US

Mailing Address

P.O. BOX 3712
 FT MYERS FL 33918-3712
 US

80013334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0130547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ECKERTY, THOMAS G ESQ.
 12734 KENWOOD LANE
 STE. 89
 FORT MYERS FL 33907

7. Name and Address of New Registered Agent

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

TITLE PD
 NAME SCHILLER, LARRY
 STREET ADDRESS 13490 RED MAPLE CIR.
 CITY-ST-ZIP N. FT. MYERS FL ☐ Delete

TITLE VPD
 NAME COUNTISS, CRAIG
 STREET ADDRESS 13420 RED MAPLE CIR
 CITY-ST-ZIP N FT MYERS FL ☐ Delete

TITLE STD
 NAME DOHERTY, Nanci
 STREET ADDRESS 13881 FERN TRL DR
 CITY-ST-ZIP N FT MYERS FL ☐ Delete

TITLE D
 NAME AMEND, ALBGRO G
 STREET ADDRESS 13821 WILLOW BRIDGE DR
 CITY-ST-ZIP N FT MYERS FL ☐ Delete

TITLE D
 NAME BRANSCUM, OBIE
 STREET ADDRESS 13701 FERN TRAIL DR
 CITY-ST-ZIP N FT. MYERS FL ☒ Delete

TITLE B
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VICE PRESIDENT, DIRECTOR
 NAME VPD
 STREET ADDRESS
 CITY-ST-ZIP N. FT. MYERS, FL 33903 ☒ Change ☐ Addition

TITLE DIRECTOR
 NAME D
 STREET ADDRESS
 CITY-ST-ZIP N. FT. MYERS, FL 33903 ☒ Change ☐ Addition

TITLE TREASURER
 NAME T
 STREET ADDRESS
 CITY-ST-ZIP N. FT. MYERS, FL 33903 ☒ Change ☐ Addition

TITLE AMEND, ALBERT E.
 NAME
 STREET ADDRESS
 CITY-ST-ZIP N. FT. MYERS, FL 33903 ☒ Change ☐ Addition

TITLE S
 NAME CONNIE RAMSTAD
 STREET ADDRESS 13712 FERN TRAIL DR.
 CITY-ST-ZIP N. FT. MYERS, FL 33903 ☐ Change ☒ Addition

TITLE PD
 NAME CHAPMAN, LAUREL
 STREET ADDRESS 13462 FERN TRAIL DR.
 CITY-ST-ZIP N. FT. MYERS, FL 33903 ☐ Change ☒ Addition

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 REQUIRED Nanci H. DOHERTY 3/6/00 (941)656-2684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)