FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91150 024 ****70.00

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

DOCUMENT # N29253

1. Entity Name
Willow Creek Property Owners' Association, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
987 Pondella Rd.	987 Pondella Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Ft. Myers, FL	City & State: N. Ft. Myers, FL
Zip: 33903 Country:	Zip: 33903 Country:

4. FEI Number: 65-0130547 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: THOMAS B. HART, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 1625 Hendry St.

City: Ft. Myers FL Zip Code: 33901

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: _____ Thomas B. Hart, Esquire (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) Feb., 5, 2002 DATE

FEE IS $61.25 Initial or Amended UBR

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	P/D
NAME	Bernard K. Orey
STREET ADDRESS	13521 Fern Trail Dr.
CITY-ST-ZIP	N. Ft. Myers, FL 33903
TITLE	V/D
NAME	Waldo A. Lunetta
STREET ADDRESS	13791 Willow Bridge Dr.
CITY-ST-ZIP	N. Ft. Myers, FL 33903
TITLE	T/D
NAME	Mary Ann Conrod.
STREET ADDRESS	13501 Fern Trail Dr.
CITY-ST-ZIP	N. Ft. Myers, FL 33903
TITLE	S/D
NAME	Nanci H. Doherty
STREET ADDRESS	13881 Fern Trail Dr.
CITY-ST-ZIP	N. Ft. Myers, FL 33903
TITLE	D
NAME	Mike Withers
STREET ADDRESS	13531 Fern Trail Dr.
CITY-ST-ZIP	N. Ft. Myers, FL 33903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ NANCI H. DOHERTY 3/20/02 (941) 656-2684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #