

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

FILED
Jun 27, 2003 8:00 am
Secretary of State

06-27-2003 90053 045 ****61.25

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DOCUMENT # N29253

1. Entity Name

WILLOW CREEK PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

**987 PONDELLA RD
N. FT. MYERS FL 33903
US**

Mailing Address

**987 PONDELLA RD
N. FT. MYERS FL 33903
US**

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 **65-0130547**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

10109003



6. Name and Address of Current Registered Agent

**HART, ESQ., THOMAS B.
1625 HENDRY ST.
FORT MYERS FL 33901**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **OREY, BERNARD**
STREET ADDRESS **13521 FERN TRAIL DR.**
CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE **VD** ☒ Delete
NAME **LUNETTA, WALDO A**
STREET ADDRESS **13791 WILLOW BRIDGE DR.**
CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE **TD** ☐ Delete
NAME **CONROD, MARY ANN**
STREET ADDRESS **13501 FERN TRAIL DR.**
CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE **SD** ☒ Delete
NAME **DOHERTY, Nanci H**
STREET ADDRESS **13881 FERN TRAIL DR.**
CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE **D** ☐ Delete
NAME **WITHERS, MIKE**
STREET ADDRESS **13531 FERN TRAIL DR.**
CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Roger Neal**
STREET ADDRESS **13681 Fern Trail Dr**
CITY-ST-ZIP **N. Ft. Myers, FL 33903**

TITLE **VD** ☐ Change ☒ Addition
NAME **marion Briggs**
STREET ADDRESS **13650 Willow Bridge Dr**
CITY-ST-ZIP **N. Ft. Myers, FL 33903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **Cheryl Neal**
STREET ADDRESS **13681 Fern Trail Dr**
CITY-ST-ZIP **N. Ft. Myers, FL 33903**

TITLE **PD** ☒ Change ☐ Addition
NAME **Withers, Mike**
STREET ADDRESS **13531 Fern Trail Dr**
CITY-ST-ZIP **Fort Myers, FL 33903**

TITLE ☐ Change ☐ 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: Mary Ann Conrod (Mary Ann Conrod) 5/19/03 2399977217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)