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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthang Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31207 (6)

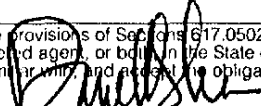
1. Corporation Name

THE WILLOWS CONDOMINIUM ASSOCIATION-SEMINOLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
% THE WILLOWS CONDOMINIUM DEVELOPMENT CORP 6099 113TH STREET NORTH SEMINOLE FL 34642	% THE WILLOWS CONDOMINIUM DEVELOPMENT CORP 6099 113TH STREET NORTH SEMINOLE FL 33772-6843

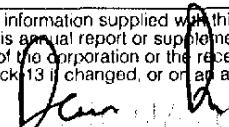


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/15/1989		03/21/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2999871		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STOOPS, MARK S 13535 FEATHER SOUND DRIVE SUITE 125 CLEARWATER FL 34622				81 Name STERLING FIN. & MGMT. INC.			
				82 Street Address (P.O. Box Number is Not Acceptable) 1301 SEMINOLE BLVD			
				83 SUITE 172			
				84 City LARGO			
				FL 85 Zip Code			
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				DATE			
				11/15/97			

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	DREVNIOK, DENNIS			1.2 NAME			
STREET ADDRESS	P O BOX 278 N/A			1.3 STREET ADDRESS			
CITY-ST-ZIP	RUSSELL ON			1.4 CITY-ST-ZIP			
TITLE	SD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	CHATELAIN, ROCH			2.2 NAME			
STREET ADDRESS	6281 HUNTERS RUN GATE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLEANS ON			2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	MANOR, JIM			3.2 NAME			
STREET ADDRESS	10 BISCAYNE CRESCENT			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEPEAN ON			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE:  **DATE:** 11/16/97 **DAYTIME PHONE:** 813 579-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)