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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31207 (6)

1. Corporation Name

THE WILLOWS CONDOMINIUM ASSOCIATION-SEMINOLE, FL ORIDA, 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

3. Date Incorporated or Qualified: 03/15/1989
3a. Date of Last Report: 03/21/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-2999871 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STOOPS, MARK S
13535 FEATHER SOUND DRIVE
SUITE 125
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

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: [signature] 1/15/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		

CR2E037 (9/96)

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: [signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97
Date

813-5[illegible]
Daytime Phone # 0051713