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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 8099 113TH STREET NORTH SEMINOLE FL 34642	% THE WILLOWS CONDOMINIUM DEVELOPMENT CORP 8099 113TH STREET NORTH SEMINOLE FL 34642

3. Date Incorporated or Qualified: 03/15/1989

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STERLING FIN. & MGMT. INC.
1301 SEMINOLE BLVD.
STE. 172
LARGO FL 34622

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	☒ DELETE	1.1 TITLE	P.D. ☒ Change ☐ Addition
NAME	~~DREVNICK, BENNIS~~		1.2 NAME	GLENN CHADWELL
STREET ADDRESS	~~P O BOX 270 N/A~~		1.3 STREET ADDRESS	199 PIMROSE AVENUE
CITY-ST-ZIP	~~RUSSELL ON~~		1.4 CITY-ST-ZIP	OTAWA, ONTARIO CANADA K1R 7N5
TITLE	~~SD~~ PD	☐ 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 (10/97)

14. 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 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 is on an attachment with an address.

SIGNATURE: [signature] Rocco Chatelain 11/19/98 8131559400