2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90128 015 ****61.25

DOCUMENT # N31207

1. Entity Name

THE WILLOWS CONDOMINIUM ASSOCIATION-SEMINOLE, FL

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

DO NOT WRITE IN THIS SPACE

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 59-2999871 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STOOPS, MARK S
1301 SEMINOLE BLVD.
STE. 172
LARGO FL 34622

7. Name and Address of New Registered Agent

Name: Mark Stoops
Street Address (P.O. Box Number is Not Acceptable): 2880 Scherer Drive
Suite 840
City: St Petersburg **FL** Zip Code: 33716

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 _____ 4.5.00
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHADWELL, GLENN 199 PIMROSE AV E OTAWA ON DIR74	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHATELAIN, ROCH 6281 HUNTERS RUN GATE ORLEANS ON	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	James Baldanza "TD" 6099 113th St. N. Seminole FL 34642 #206 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANOR, JIM 10 BISCAYNE CRESCENT NEPEAN ON	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ed OBrien "SD" 6099 113th St N. #208 Seminole F 34642 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Charles Sorochty "D" 44 Harrier Circle Rochester NY 14623 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: _____ 4 5.00 299 9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #