

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90135 022 ****61.25

DOCUMENT # N31207 1. Entity Name THE WILLOWS CONDOMINIUM ASSOCIATION-SEMINOLE, FLORIDA, INC.					
Principal Place of Business % THE WILLOWS CON. DEVELOPMENT CORP 6099 113TH STREET NORTH SEMINOLE FL 34642				Mailing Address STERILING MANGEMENT, INC 2880 SCHERER DRIVE STE 840 SAINT PETERSBURG FL 33716	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CIANFRONE PA, JOE 1968 BAYSHORE BLVD DUNEDIN FL 34698				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 Due By May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHADWELL, GLENN 199 PIMROSE AV E OTAWA ON DIR74	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Donald Roberts 6125 113th St. N. #515 Seminole, FL 33772
D BALDANZA, JAMES 17023 DOLPHIN DR N REDINGTON BEACH FL 33708		☐ Delete		☐ Change ☐ Addition	
VP SANDERS, ROLAND 6013 113TH ST N #302 SEMINOLE FL 33772		☐ Delete		☐ Change ☐ Addition	
P O'BRIEN, ED 6035 113TH ST N #208 SEMINOLE FL 33772		☐ Delete		☐ Change ☐ Addition	
S FERGUSON, MILT 6077 113TH STREET 617 SEMINOLE FL 33772-6847		☒ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	



1st MOORE CR2E037 (10/04)

4. FEI Number **59-3374758** Applied For
Not Applicable

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

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #