

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90007 012 ****61.25

0054039

DOCUMENT # N33091

1. Corporation Name

WILLOUGHBY PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

9220 THE LANE
NAPLES FL 34109

Mailing Address

9220 THE LANE
NAPLES FL 34109



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/05/1989

4. FEI Number

65-0182927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TRUPIANO, WILLIAM
9220 THE LANE
NAPLES FL 34109

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

William Trupiano
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/25/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME TRUPIANO, WILLIAM

STREET ADDRESS 9220 THE LANE

CITY-ST-ZIP NAPLES FL 34109

TITLE SD ☒ DELETE

NAME TRUPIANO, STEPHANIE T

STREET ADDRESS 9220 THE LANE

CITY-ST-ZIP NAPLES FL 34109

TITLE D ☒ DELETE

NAME TRUPIANO, KATHLEEN

STREET ADDRESS 8220 THE LANE

CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME President/Director

1.3 STREET ADDRESS Larry Coopman

1.4 CITY-ST-ZIP 232 Kirkland Dr.

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME V.Pres./Director

2.3 STREET ADDRESS Joseph McQuillan

2.4 CITY-ST-ZIP 77 Heritage Way

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Secretary/Treas./Director

3.3 STREET ADDRESS Sam Migliore

3.4 CITY-ST-ZIP 5135 Cobble Creek Ct. #204

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sam Migliore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

941-263-9433

Date

Daytime Phone #

CR2E037 (1/198)