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

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

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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

\* 1 124030 4 90007 32 \*



21	2. Principal Place of Business	2a. Mailing Address	26	3. Date Incorporated or Qualified	07/05/1989
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	4. FEI Number	65-0182927
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
			30	Trust Fund Contribution	<input type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TRUPIANO, WILLIAM 9220 THE LANE NAPLES FL 34109		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 (NOTE: Registered Agent signature required when reinstating) DATE: 1/25/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUPIANO, WILLIAM	1.2 NAME	Larry Coopman
STREET ADDRESS	9220 THE LANE	1.3 STREET ADDRESS	232 Kirkland DR.
CITY-ST-ZIP	NAPLES FL 34109	1.4 CITY-ST-ZIP	Naples, FL 34110
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.Pres. / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUPIANO, STEPHANIE T	2.2 NAME	Joseph McQuillan
STREET ADDRESS	9220 THE LANE	2.3 STREET ADDRESS	77 Heritage Way
CITY-ST-ZIP	NAPLES FL 34109	2.4 CITY-ST-ZIP	Naples, FL 34110
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary/Treas./ Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUPIANO, KATHLEEN	3.2 NAME	Sam Migliore
STREET ADDRESS	8220 THE LANE	3.3 STREET ADDRESS	5135 Cobble Creek Ct. #204
CITY-ST-ZIP	NAPLES FL 34109	3.4 CITY-ST-ZIP	Naples, FL 34110
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 DATE: 1/25/99 DAYTIME PHONE #: 941-263-9433

CR2E037 (1/198)