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Feb 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N41262 (9)

1. Corporation Name

WILLOWICK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1213 WILLOWICK CIRCLE  
SAFETY HARBOR FL 346951213 WILLOWICK CIRCLE  
SAFETY HARBOR FL 34695-22363. Date Incorporated or Qualified  
12/14/19903a. Date of Last Report  
03/25/19964. FEI Number  
59-3071450Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1217 WILLOWICK CIRCLE  
Suite, Apt. #, etc.26 1217 WILLOWICK CIRCLE  
Suite, Apt. #, etc.22 City & State  
23 SAFETY HARBOR, FL27 City & State  
28 SAFETY HARBOR, FL

24 Zip 34695 25 Country

29 Zip 34695 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASOFF, MARTY  
1213 WILLOWICK CIRCLE  
SAFETY HARBOR FL 3469581 Name THOMAS P. MILNE  
82 Street Address (P.O. Box Number is Not Acceptable)  
1217 WILLOWICK CIRCLE  
83  
84 City SAFETY HARBOR FL 85 Zip Code 34695

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 Thomas P. Milne THOMAS P. MILNE 1-28-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME PERSINGER, JOHN A  
STREET ADDRESS 1207 WILLOWICK CIRCLE  
CITY-ST-ZIP SAFETY HARBOR FL 346951.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME NOREEN MCCLURE  
1.3 STREET ADDRESS 1209 WILLOWICK CIRCLE  
1.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695TITLE DVP ☒ DELETE  
NAME WASOFF, MARTY  
STREET ADDRESS 1213 WILLOWICK CIRCLE  
CITY-ST-ZIP SAFETY HARBOR FL 346952.1 TITLE DVT ☒ Change ☐ Addition  
2.2 NAME THOMAS P. MILNE  
2.3 STREET ADDRESS 1217 WILLOWICK CIRCLE  
2.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695TITLE DS ☒ DELETE  
NAME MCGINTY, JIM  
STREET ADDRESS 1225 WILLOWICK CIRCLE  
CITY-ST-ZIP SAFETY HARBOR FL 346953.1 TITLE DS ☒ Change ☐ Addition  
3.2 NAME ELIZABETH R. SEROPIAN  
3.3 STREET ADDRESS 1206 WILLOWICK CIRCLE  
3.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Thomas P. Milne THOMAS P. MILNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-97 (813) 724-3836

Date Daytime Phone # 0080211

CR2E037 (9/96)