

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90743 030 ****61.25

DOCUMENT # N41262

1. Entity Name

WILLOWICK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**1217 WILLOWICK CIR
SAFETY HARBOR FL 34695
US**

Mailing Address

**1217 WILLOWICK CIR
SAFETY HARBOR FL 34695
US**

2. Principal Place of Business

1205 Willowick Circle

3. Mailing Address

1205 Willowick Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Safety Harbor

City & State

Safety Harbor

Zip

34695

Country

US

Zip

34695

Country

US

4. FEI Number **59-3071450**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SWENARTON, TOM
1224 WILLOWICK CIR
SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent

Name **Karen Persinger**

Street Address (P.O. Box Number is Not Acceptable)
1207 Willowick Circle

City **Safety Harbor**

FL

Zip Code **34695**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-03

FILE NOW: FEE IS \$61.25

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

TITLE **DP** ☒ Delete
NAME **SWENARTON, TOM**
STREET ADDRESS **1224 WILLOWICK CIR**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **DVT** ☐ Delete
NAME **CARTA, JOY**
STREET ADDRESS **1205 WILLOWICK CIR**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **DS** ☒ Delete
NAME **WILLOUGHBY, KATHY**
STREET ADDRESS **1225 WILLOWICK CIR**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

DP ☒ Change ☐ Addition
NAME **Persinger, Karen**
STREET ADDRESS **1207 Willowick Circle**
CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

DS ☒ Change ☐ Addition
NAME **Meadows, Shelly**
STREET ADDRESS **1203 Willowick Circle**
CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

4/1/03

CR2E037 (10/02)