

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90018 050 \*\*\*\*61.25

**DOCUMENT # N93000005456**

1. Entity Name  
**WILLOW GLEN GOLF COTTAGES CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**4100 RIVERWOOD DR.  
PORT CHARLOTTE, FL 33953**

Mailing Address  
**PO BOX 380602  
MURDOCK, FL 33938-0602 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0473422**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PREMIER MANAGEMENT SERVICES  
1777 TAMiami TRAIL #400  
PORT CHARLOTTE, FL 33948**

Name **PREMIER MANAGEMENT SERVICES**  
Street Address (P.O. Box Number is Not Acceptable)  
**1777 TAMiami TRAIL #400**  
City **PORT CHARLOTTE FL** Zip Code **33948**

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

*Sharon LeBourdick*

**4/3/06**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 **TD** ☐ Delete  
NAME **UELMAN, DAVID**  
STREET ADDRESS **14013 WILLOW GLEN CT**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE **SD** ☒ Change ☐ Addition  
NAME **UELMAN, DAVID**  
STREET ADDRESS **14013 WILLOW GLEN CT-105**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE **SVPD** ☐ Delete  
NAME **MARTINSON, DAVID**  
STREET ADDRESS **14068 WILLOW GLEN CRT. # 130**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE **TD** ☒ Change ☐ Addition  
NAME **MARTINSON, DAVID**  
STREET ADDRESS **14068 WILLOW GLEN CRT-130**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE **VPD** ☒ Delete  
NAME **BROGAN, JAMES**  
STREET ADDRESS **14004 WILLOW GLEN CRT. # 109**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

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

TITLE **PD** ☐ Delete  
NAME **SCHULTZ, JAMES**  
STREET ADDRESS **3121 CLUB DRIVE**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

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

TITLE **D** ☐ Delete  
NAME **MASON, SIDNEY R**  
STREET ADDRESS **14065 WILLOW GLEN CRT**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **MASON, SIDNEY R**  
STREET ADDRESS **14065 WILLOW GLEN CRT-238**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE ☐ Delete  
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 exemptions contained in Chapter 119, 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

*James W. Schultz*  
Signature - Title **President**

**4-3-06**  
DATE

**941-625-5022**  
Phone #