

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

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90119 017 \*\*\*\*61.25

**DOCUMENT # N98000005292**

**1. Entity Name**  
**WILLOW RUN HOMEOWNERS ASSOCIATION OF LAKELAND, I NC.**



**Principal Place of Business**  
**P.O. BOX 5076**  
**LAKELAND FL 33807-5076**

**Mailing Address**  
**P.O. BOX 5076**  
**LAKELAND FL 33807-5076**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-3533587**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**LOCKWOOD, LAURA**  
**627 WILLOW RUN**  
**LAKELAND FL 33813**

**Name** **PATRICK L. Russell**  
**Street Address (P.O. Box Number is Not Acceptable)** **554 Willow Run**  
**City** **Lakeland, FL** **Zip Code** **33813**

**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** *Patrick L. Russell*  
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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>SANSOUCY, LEO</b>	
<b>STREET ADDRESS</b>	<b>416 WILLOW RUN</b>	
<b>CITY-ST-ZIP</b>	<b>LAKELAND FL 33813</b>	
<b>TITLE</b>	<b>TD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>LOCKWOOD, LAURA</b>	
<b>STREET ADDRESS</b>	<b>627 WILLOW ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>LAKELAND FL 33813</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>LOCKWOOD, KURT</b>	
<b>STREET ADDRESS</b>	<b>627 WILLOW RUN</b>	
<b>CITY-ST-ZIP</b>	<b>LAKELAND FL 33813</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>PATRICK L. Russell</b>	
<b>STREET ADDRESS</b>	<b>554 Willow Run</b>	
<b>CITY-ST-ZIP</b>	<b>Lakeland, FL 33813</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>LOCKWOOD, KURT</b>	
<b>STREET ADDRESS</b>	<b>627 Willow Run</b>	
<b>CITY-ST-ZIP</b>	<b>Lakeland, FL 33813</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Patrick L. Russell* **REQUIRED**

**4-1-03 (863) 647-1780**

CR2E037 (10/02)