## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S91444 1. Corporation Name

WILLA OAKS LIFESTYLES, INC.

District Disc	of Duniones	Mailing Address								
Principal Place	of Business	· · · · · · · · · · · · · · · · · · ·								
652 PINE AVE	^r	652 PINE AVE OVIEDO FL 32765					•			
OVIEDO FL 32765 JS		US			DO NOT WRITE IN THIS SPACE					
00						-·	corporated or Qualife	d		
						11/01/	/1991			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Nur	nber		<b>⊢</b>	pplied For
н		26	_			59-30	88305			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			\$8.75 Additional Fee Required	
City & State		City & State				6 Election	Campaign Financing		\$5.00	May Be
¬ '	•	28				i	und Contribution	<b>,</b> _	Added	to Fees
Zip	Country	Zip	Coi	untry		8. This co	rporation owes the cu	rrent year li	ntangible	
¬ '	25	29	30			1	al Property Tax.	_	☐ Yes	□No
24	9. Name and Address of Curre			Τ		10. Name a	and Address of New	Registere	d Agent	
	J. (Valide dira / Vacinos C. California)			81	Name					
CLO	NINGER, EVELYN W.			00	04	(D.O. Boy	Number is Not Accep	otable)	<del></del>	
	WEST BROADWAY STREET			82	Street Addi	ress (P.O. box	Number is Not Acce	otable)		
	DO FL 32765			83			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1) 1 2 13. 5 18.		
0 1.2								13 5-1 13	1-1-	
				84	City		•	F	85 Zip	Code
	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig				-named corp he corporation	ion's board of d	irectors. I hereby acc	ept the app	ointment as r	egistered
		ations of, Section 607.0505	, Florida Sta	itutes.	ne corporati	ed when reinstating).	7.3	DATE		
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag-	ent and title if applicable.  (ND DIRECTORS	, Florida Stai	itutes.	ne corporati	ed when reinstating).		DATE	AND DIRECT	ORS IN 12
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office or agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig  Signature, typed or printed name of registered ag-	ent and title if applicable.  (ND DIRECTORS	NOTE: Registere  13.  1.1 T	itutes.	ne corporati	ed when reinstating).	7.3	DATE	AND DIRECT	ORS IN 12
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an antachment with an address, with another like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

02-16-1999 90019 028 \*\*\*150.00