

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005877 (4)
1. Corporation Name

WILLOW POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

~~2875 N.W. 77TH AVENUE MIAMI FL 33122~~ ~~2875 N.W. 77TH AVENUE MIAMI FL 33122~~

2. Principal Place of Business 2a. Mailing Address

21 7300 S.W. 80 Court 26 7300 S.W. 80 Court
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Miami, Florida 28 Miami, Florida
Zip Country Zip Country

24 33143 25 USA 29 33166 30 USA

3. Date Incorporated or Qualified
12/11/1995

4. FEI Number Applied For
APPLIED FOR 65-0610080 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

THOMSON, JOHN M
370 MINORCA AVENUE
SUITE ONE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, FIRPO	1.2 NAME	
STREET ADDRESS	2875 N.W. 77TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, LOURDES	2.2 NAME	
STREET ADDRESS	2875 N.W. 77TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, FRANK	3.2 NAME	
STREET ADDRESS	2875 N.W. 77TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lloset, Eduardo	4.2 NAME	
STREET ADDRESS	7301 S.W. 80 Court	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33143	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Machado, Miriam	5.2 NAME	
STREET ADDRESS	7200 S.W. 80 Court	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33143	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tomas, Francine	6.2 NAME	
STREET ADDRESS	7300 S.W. 80 Court	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33143	6.4 CITY-ST-ZIP	

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6-15-98 - 305-592-5780

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 6-15-98 - 305-592-5780

CR2E037 (10/97)