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

Mailing Address

DOCUMENT # N9700004211

1. Entity Name

Principal Place of Business

WILLOUGHBY BUSINESS PARK PROPERTY OWNERS ASSOCIATION, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90168 028 ****61.25

AUU10641

		CO SE WILLOUGHBY BLVD TUART FL 34994 S					
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address				
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State C		City & State	City & State		4. FEI Number 65-0945929 Applied For Not Applicable		
Zip Country Zip		Zíp	p Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current Re	gistered Agent		7. Name and Address	of New Registered Agent		
		·	Name				
368 SE F	ALBERT T POMA WAY FL 34994		Street Addre	ess (P.O. Box Number is Not Ad S.E. WILLOUGHIS	cceptable)	,	
			City	4e+	FL Zip C	ode 4994	
10.	FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECT	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Check Payab Florida Department of	ole to	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD POMA, FRANK 368 SE POMA WAY STUART FL 34994	☐ Delete	TITLE NAME	642 SB WILLOUG	ENCY BLVD	ge 🔲 Addition	
ITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST PURINO, ALBERT T 368 SE POMA WAY STUART FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	645 24 MILLOUG	SHBY BLVD	ge Addition	
TITLE NAME STREET ADDRESS NITY-ST-ZIP	D POMA, KIMBERLY A 368 SE POMA WAY STUART FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1647 SEMITTO	及Chang UEHBY BLVD	ge 🗌 Addition (
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	ge Addition	
ITLE IAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Chang	ge 🔲 Addition }	

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.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

TITLE

STREET ADDRESS

4/18/03

772-287-9798

Change

☐ Addition

CR2E037 (10/02)