

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000004211

1. Entity Name  
WILLOUGHBY BUSINESS PARK PROPERTY OWNERS  
ASSOCIATION, INC.



Principal Place of Business  
2500 SE WILLOUGHBY BLVD  
STUART, FL 34994 US

Mailing Address  
2642 SE WILLOUGHBY BLVD  
STUART, FL 34994 US



03232005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0945929

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PURINO, ALBERT T  
2642 SE WILLOUGHBY BLVD  
STUART, FL 34994

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
POMA, FRANK  
2642 SE WILLOUGHBY BLVD  
STUART, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPST  
PURINO, ALBERT T  
2642 SE WILLOUGHBY BLVD  
STUART, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
POMA, KIMBERLY A  
2642 SE WILLOUGHBY BLVD  
STUART, FL 34994

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000277627  
03/26/05-80037-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05

Date

772-287-9798

Daytime Phone #