

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 15, 2005
Secretary of State**

DOCUMENT# 741532

Entity Name: WILLISTON GOLF AND COUNTRY CLUB PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

% ORTEGA AND COMPANY P.A.
2307 DOUGLAS RD. SUITE 302
MIAMI, FL 33145

Current Mailing Address:

New Mailing Address:

% ORTEGA AND COMPANY P.A.
2307 DOUGLAS RD. SUITE 302
MIAMI, FL 33145

FEI Number: 59-1952420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BERTOCH, CARL A
537 EAST PARK AVENUE
TALLAHASSEE, FL 32315 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AIMEE, N. DE CUELLO
Address: 2025 CACIQUE ST. - OCEAN PARK
City-St-Zip: SANTRUCE, PR

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD () Delete
Name: POU, AIMEE
Address: 9413 S.W. 21 TERRACE
City-St-Zip: MIAMI, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Delete
Name: CUELLO DE JUAN, MARIA M
Address: 28 FORTE STREET
City-St-Zip: SAN JUAN, PR

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AIMEE N DE CUELLO

PD

02/15/2005

Electronic Signature of Signing Officer or Director

_____ Date