2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State DOCUMENT # N0000005600 1. Entity Name WILLOUGHBY BUSINESS PARK CONDOMINIUM, ASSOCIATION 04-19-2001 90031 037 ****61.25 Principal Place of Business Mailing Address 2506 SW WILLOUGHBY BLVD 2506 SW WILLOUGHBY BLVD STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address 2500 SE \ 2500 SE NILLOUGHBY BLUD I LLOUGHBY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number FL STUART Not Applicable STUART Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 34994 Fee Required ARTIN <u>18RTIN</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PURINO, ALBERT T 2506 SW WILLOUGHBY BLVD STUART FL 34994 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change PD TIT! F PD ☐ Addition TITLE ☐ Delete NAME NAME POMA, FRANK POMA, FRANK 2506 SE WILLOUGHBY BLUD STREET ADDRESS STREET ADDRESS 2506 SW WILLOUGHBY BLVD CITY-ST-ZIP STUART FL 34994 CITY-ST-7IP FL STUART VSTD TITLE **Change** ☐ Addition TITLE ☐ Delete **VSナ ロ** PURINO, ALBERT . T. NAME PURINO, ALBERT T____ NAME 2506 SE WILLOUGHBY BLUD STREET ADDRESS STREET ADDRESS 2506 SW WILLOUGHBY BLVD CITY-ST-ZIP CITY-ST-7/P 34994 STUART FL 34994 STUBET Change ☐ Addition TITLE ☐ Delete HUGGINS, BOWARD HUGGINS, EDWARD BLVD WILLOUGHBY 2526 SE STREET ADDRESS STREET ADDRESS 2506 SW WILLOUGHBY BLVD CITY-ST-ZIP CITY-ST-ZIP 34994 STUART FL 34994 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Davtime Phone #