

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90264 017 \*\*\*\*61.25

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02172006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N00000005600</b>					
1. Entity Name WILLOUGHBY BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2500 SE WILLOUGHBY BLVD STUART, FL 34994			Mailing Address PO BOX 6325 STUART, FL 34997		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1078508	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBINSON, CONNIE J. 1988 MONROE STREET STUART, FL 34997			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETITT, RICHARD		NAME	BRIAN PETITT	
STREET ADDRESS	2650 SW WILLOUGHBY BLVD.		STREET ADDRESS	2650 SW Willoughby Blvd	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	STUART FL 34994	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETITT, BRIAN		NAME	JERRY PITTMAN	
STREET ADDRESS	2650 SW WILLOUGHBY BLVD.		STREET ADDRESS	2512 SW Willoughby Blvd	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	STUART FL 34997	
TITLE	S	<input type="checkbox"/> Delete	TITLE	T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLMAN, JEFF		NAME	Gillman, Jeff	
STREET ADDRESS	2608 SW WILLOUGHBY BLVD.		STREET ADDRESS	2608 SW Willoughby Blvd.	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	STUART 34997	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLMAN, JEFF		NAME		
STREET ADDRESS	2608 SE WILLOUGHBY BLVD.		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		JEFFRY GILLMAN 3/6/06 772-20-6655			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	