
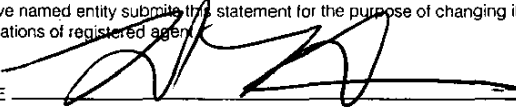
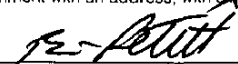


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90074 035 ****61.25

DOCUMENT # N00000005600			
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 - No P.O. Box #		3. Mailing Address <i>WILLOUGHBY BUS. PK. CONDO</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>969 S. FEDERAL Hwy #401</i>	
City & State		City & State <i>STUART, FL</i>	
Zip	Country	Zip	Country
<i>34994</i>		<i>34994</i>	<i>USA</i>
4. FEI Number 65-1078508		Applied For <input type="checkbox"/> 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 <i>GOLDBAUM, LENARD</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>SIGNATURE PROPERTY MANAGEMENT</i>	
		<i>969 S. FEDERAL Hwy #401</i>	
		City <i>STUART</i>	
		FL Zip Code <i>34994</i>	
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 <i>2/29/08</i>	
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, 2008		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETITT, BRIAN	NAME	
STREET ADDRESS	2650 SW WILLOUGHBY BLVD.	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34994	CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTMAN, JERRY	NAME	<i>TYSON, JOHN (DR)</i>
STREET ADDRESS	2512 SW WILLDUGHY BLVD	STREET ADDRESS	<i>2614 SE WILLOUGHBY BLVD.</i>
CITY-ST-ZIP	PORT SALERNO, FL 34992	CITY-ST-ZIP	<i>STUART, FL 34994</i>
TITLE	TSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETITT, RICHARD	NAME	
STREET ADDRESS	2650 SW WILLOUGHBY BLVD.	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34994	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	
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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

50001390



02222008 Chg-NP CR2E037 (12/06)