


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90168 033 \*\*\*\*61.25

**DOCUMENT # N00000005600**

1. Entity Name  
**WILLOUGHBY BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**2500 SE WILLOUGHBY BLVD**      **2500 SE WILLOUGHBY BLVD**  
**STUART FL 34994**      **STUART FL 34994**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1078508**      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**  
**368 SE POMA WAY**  
**STUART FL 34994**


7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2642 SE WILLOUGHBY BLVD**

City **STUART**      FL      Zip Code **34994**

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 **4/15/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**


10. OFFICERS AND DIRECTORS

TITLE NAME	PD POMA, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	368 SE POMA WAY	
CITY-ST-ZIP	STUART FL 34994	
TITLE NAME	VSTD PURINO, ALBERT T	<input type="checkbox"/> Delete
STREET ADDRESS	368 SE POMA WAY	
CITY-ST-ZIP	STUART FL 34994	
TITLE NAME	D HUGGINS, EDWARD	<input type="checkbox"/> Delete
STREET ADDRESS	2520 SE WILLOUGHBY BLVD	
CITY-ST-ZIP	STUART FL 34994	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2642 SE WILLOUGHBY BLVD	
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2642 SE WILLOUGHBY BLVD	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:       **SECRETARY REQUIRED**      **4/15/03**      **772-287-9798**

CR2E037 (10/02)