2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009125

FILED Apr 19, 2005 Secretary of State

Entity Name: WILLA SPRINGS OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1035 S SEMORAN BLVD SUITE 1019 2180 WEST SR 434 WINTER PARK, FL 32792

SUITE 5000

LONGWOOD, FL 32779 US

Current Mailing Address: New Mailing Address:

1035 S SEMORAN BLVD SUITE 1019 2180 WEST SR 434

WINTER PARK, FL 32792 SUITE 5000

LONGWOOD, FL 32779 US

FEI Number: 26-0111807 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:

PLOWFIELD, ROBERT L JR 1035 S SEMÓRAN BLVD SUITE 1019 WINTER PARK, FL 32792

HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 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: JAMES W HART JR 04/19/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition PLOWFIELD, ROBERT L JR PLOWFIELD, ROBERT L JR Name: Name: 1035 S SEMORAN BLVD SUITE 1019 Address: 1035 S SEMORAN BLVD SUITE 1019 Address:

City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: WINTER PARK, FL 32792

(X) Change () Addition Title: () Delete Title: PLOWFIELD, CHRISTA Name: Name: PLOWFIELD, CHRISTA

Address: 1035 S SEMORAN BLVD SUITE 1019 Address: 1035 S SEMORAN BLVD SUITE 1019

City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: WINTER PARK, FL 32792

Title: () Delete Title: (X) Change () Addition

PLOWFIELD, CHRISTA Name: AVALENE, JOE Name:

1035 S SEMORAN BLVD SUITE 1019 1052 WILLA SPRINGS DR Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: WINTER SPRINGS, FL 32708

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: ROBERT L PLOWFIELD JR PD 04/19/2005