

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009125

FILED  
Mar 07, 2006  
Secretary of State

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

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 26-0111807      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PLOWFIELD, ROBERT L JR  
Address: 1035 S SEMORAN BLVD SUITE 1019  
City-St-Zip: WINTER PARK, FL 32792

Title: VPD ( ) Delete  
Name: PLOWFIELD, CHRISTA  
Address: 1035 S SEMORAN BLVD SUITE 1019  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: AVALONE, JOE  
Address: 1052 WILLA SPRINGS DR  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: PLOWFIELD, ROBERT L JR  
Address: 1060 WILLA SPRINGS DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: PD (X) Change ( ) Addition  
Name: PLOWFIELD, CHRISTA  
Address: 1060 WILLA SPRINGS DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPD (X) Change ( ) Addition  
Name: AVALONE, JOE  
Address: 1052 WILLA SPRINGS DR  
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 Chapter 119, 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: CHRISTA PLOWFIELD

PD

03/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date