

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90102 019 \*\*\*\*61.25

**DOCUMENT # N23072**

1. Entity Name  
**HUNTINGTON OFFICE PARK OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**701 ENTERPRISE RD E 302  
SAFETY HARBOR, FL 34695**

Mailing Address  
**701 ENTERPRISE RD E 302  
SAFETY HARBOR, FL 34695**

**00007537**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2858893**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, EDWARD H  
2675 WAXWOOD COURT  
CLEARWATER, FL 33761**

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

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 September 7, 2005**

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 **VD** ☐ Delete  
NAME **CRIST, JOHN P.D. II**  
STREET ADDRESS **2951 EAGLE TRAIL E**  
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **PTD** ☐ Delete  
NAME **WALKER, EDWARD H.**  
STREET ADDRESS **2675 WAXWOOD CT**  
CITY-ST-ZIP **CLEARWATER, FL**

TITLE **SD** ☐ Delete  
NAME **CRIST, JILL K**  
STREET ADDRESS **2743 BURNING TREE LANE**  
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/20/05*  
Date

*727-726-4766*  
Daytime Phone #