

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90054 003 ****61.25

DOCUMENT # N23072

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



Principal Place of Business
**701 ENTERPRISE RD E 704
SAFETY HARBOR, FL 34695**

Mailing Address
**701 ENTERPRISE RD E 704
SAFETY HARBOR, FL 34695**



04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2858893

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

EDWARD H WALKER

4/26/07

727-726 4766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #