

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N29011
 1. Entity Name
 HUNTINGTON OFFICE PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 701 ENTERPRISE ROAD, EAST, # 704 SAFETY HARBOR, FL 34695-5303
 Mailing Address: 701 ENTERPRISE ROAD, EAST, # 704 SAFETY HARBOR, FL 34695-5303



04072008 No Chg-NP CR2E037 (4/06)
 4. FEI Number: 59-2920289 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 CT.
 CLEARWATER, FL 33761

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

Filing Fee is \$61.25 Due by May 1, 2008
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	WALKER, EDWARD H. JR.
STREET ADDRESS	2675 WAXWOOD COURT
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	DV
NAME	CRIST, JOHN P.D. II
STREET ADDRESS	2951 EAGLE TRAIL E
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	DS
NAME	CRIST, JILL K
STREET ADDRESS	2743 BURNING TREE LN.
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/28/08-80023-004 61.25

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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 the empowered.

SIGNATURE: [Signature] Date: 4/7/08 Daytime Phone #: 727-724-7661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR