

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90044 023 \*\*\*\*61.25

**DOCUMENT # N97000004211**

1. Entity Name  
**WILLOUGHBY BUSINESS PARK PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**2500 SE WILLOUGHBY BLVD  
STUART, FL 34994 US**

Mailing Address  
**2500 SE WILLOUGHBY BLVD  
STUART, FL 34994 US**

**54019878**



2. Principal Place of Business

3. Mailing Address

**2642 S.E. WILLOUGHBY BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0945929**

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

**PURINO, ALBERT T  
2642 SE WILLOUGHBY BLVD  
STUART, FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2642 SE WILLOUGHBY BLVD**

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 May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD  
POMA, FRANK  
2642 SW WILLOUGHBY BLVD  
STUART, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**2642 SE WILLOUGHBY BLVD** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPST  
PURINO, ALBERT T  
2642 SE WILLOUGHBY BLVD  
STUART, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**2642 SE WILLOUGHBY BLVD** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
POMA, KIMBERLY A  
2642 SE WILLOUGHBY BLVD  
STUART, FL 34994** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**2642 SE WILLOUGHBY BLVD** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #