2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000005003

1. Entity Name

WILLISTON PARK OFFICE CENTER PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

3525 W LAKE MARY BLVD SUITE 306 LAKE MARY, FL 32746 Mailing Address

POST OFFICE BOX 915048 LONGWOOD, FL 32791-5048

FILED Apr 04, 2005 8:00 am Secretary of State

04-04-2005 90078 003 ****61.25

H00H6148



DO NOT WRITE IN THIS SPACE

03232005 No Chg-NP CR2E037 (10/03)

4. FEI Number			Applied For	
<u>59</u> -3599372	 		Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional			

6. Name and Address of Current Registered Agent

HARKINS, C. WILLIAM 3525 W LAKE MARY BLVD SUITE 306 LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE

LAKE MARY, FL 32746			IN I DIS SPACE							
	named entity submits this statement for the purpose of changing its register ions of registered agent.	ed office or	registered a	gent, or bo	th, in the State	of Florida. I an	n familiar with	and accept		
SIGNATURE		÷			•					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere			re required when	rainstating)	DATE					
	Filling Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Finant Trust Fund Contribution:		\$5.00 Added to	May Be	1 25 (5 (5 (5 (5 (5 (5 (5 (5 (5	unida i naist a gradulu (h. 14) gradulu (h. 14)	aty in the state of the state o	B. C. C.		
10.	OFFICERS AND DIRECTORS						- 4			
TITLE	PD	ar i	4				*	*.		
NAME . STREET ADORESS	HARKINS, C. WILLIAM					and Gori				
CITY-ST-ZIP	3525 W LAKE MARY BLVD, SUITE 306 LAKE MARY, FL 32746		÷		•		,	•		
TITLE	DV	1	**		4	,	10.7	,		
NAME	PATRICK, LYN	- ×			* * * *		,	, ,		
STREET ADDRESS	940 WILLISTON PARK PT.				*					
CITY-\$T-ZIP	LAKE MARY, FL 32746				k)					
TITLE	STD	1	· · · , ž							
NAME	BRANCH, MICHAEL E MD		- Amendelitidan y		. 	7: 	T T			
STREET ADDRESS CITY+ST-ZIP	925 WILLISTON PARK PT., SUITE 1001	:		DO	NOT	WRIT	F	ه نده		
	LAKE MARY, FL 32746	• معهده -د درط م	and a supplementary.		•		4.	2,23, 12		
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STREET ADDRESS	940 WILLISTON PARK PT.		,							
CITY-ST-ZIP	LAKE MARY, FL 32746		1 1 1		*	y				
TITLE	D	i .4 , .	λ			* *	** "* "	-		
NAME	DAVID, WILLIAM MD				, ,	÷ .	*			
STREET ADDRESS	910 WILLISTON PARK PT, SUITE 1000	:								
CITY-ST-ZIP	LAKE MARY, FL 32746	_		4 .			• •	100		
TITLE	<u></u>						•			
NAME .	The state of the s		1.							
STREET ADDRESS				4			, to			
	contifue that the information are the design that the filling date are a second to the			140.07(0)	()	1 1 4	\$4 			
indicated	certify that the information supplied with this filing does not qualify for the exe I on this report or supplemental report is true and accurate and that my signa	imption stati iture shall h	eo in Section ave the sam	n 119.07(3) e legal effe	(i), rionda Sta ct as if made i	rutes. I turther co inder oath; that	erury that the i I am an office	intormation r or director		

Thereby certify that the information supplied with his liling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Truther certify that the information indicated on this report are 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 althorher like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

bs/05 407-323-9310

Daytime Phone #