

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

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

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**

40046148



03232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3599372

Applied For
Not Applicable

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

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**

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, 2005**

9. Election Campaign Financing

Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARKINS, C. WILLIAM
STREET ADDRESS 3525 W LAKE MARY BLVD, SUITE 306
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE DV
NAME PATRICK, LYN
STREET ADDRESS 940 WILLISTON PARK PT.
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE STD
NAME BRANCH, MICHAEL E MD
STREET ADDRESS 925 WILLISTON PARK PT., SUITE 1001
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D
NAME BOWMAN, DENNIS
STREET ADDRESS 940 WILLISTON PARK PT.
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D
NAME DAVID, WILLIAM MD
STREET ADDRESS 910 WILLISTON PARK PT, SUITE 1000
CITY-ST-ZIP LAKE MARY, FL 32746

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 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 #

3/5/05

407-323-9310