


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

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
---	--



02222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3599372	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when recasting) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARKINS, C. WILLIAM 3525 W LAKE MARY BLVD, SUITE 306 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PATRICK, LYN 940 WILLISTON PARK PT. LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRANCH, MICHAEL E MD 825 WILLISTON PARK PT., SUITE 1001 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, DENNIS 940 WILLISTON PARK PT. LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID, WILLIAM MD 910 WILLISTON PARK PT, SUITE 1000 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000465180
03/22/06-80023-016 61.25

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 fees empowered.

SIGNATURE: *C. William Harkins* **President** 3/3/06 407-323-9310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #