2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000005003

1. Entity Name
WILLISTON PARK OFFICE CENTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3525 W LAKE MARY BLVD SUITE 306 LAKE MARY, FL 32746	POST OFFICE BOX 915048 LONGWOOD, FL 32791-5048

DO NOT WRITE IN THIS SPACE

04042008 No Chg-NP CR2E037 (4/06)

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

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

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	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	

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04/22/08-80101-004 70.00

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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 like empowered.

SIGN HERE

SIGNATURE: _____ President 4/7/08 407-323-9310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #