

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005003

FILED
Feb 25, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

707 MONROE ROAD
SANFORD, FL 32771

Current Mailing Address:

POST OFFICE BOX 915048
LONGWOOD, FL 327915048

New Mailing Address:

FEI Number: 59-3599372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HARKINS, C. WILLIAM
707 MONROE ROAD
SANFORD, FL 32771 US

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.

SIGNATURE:

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARKINS, C. WILLIAM
Address: 3525 W LAKE MARY BLVD, SUITE 306
City-St-Zip: LAKE MARY, FL 32746

Title: DV () Delete
Name: PATRICK, LYN
Address: 940 WILLISTON PARK PT.
City-St-Zip: LAKE MARY, FL 32746

Title: STD () Delete
Name: BRANCH, MICHAEL E MD
Address: 925 WILLISTON PARK PT., SUITE 1001
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: BOWMAN, DENNIS
Address: 940 WILLISTON PARK PT.
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: DAVID, WILLIAM MD
Address: 910 WILLISTON PARK PT, SUITE 1000
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARKINS, C. WILLIAM
Address: 707 MONROE ROAD
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. WILLIAM HARKINS

PD

02/25/2009

Electronic Signature of Signing Officer or Director

Date