

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005003

FILED  
Jan 19, 2012  
Secretary of State

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

**Current Principal Place of Business:**

707 MONROE ROAD  
SANFORD, FL 32771

**New Principal Place of Business:**

**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 (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: C. WILLIAM HARKINS

PRES

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date