
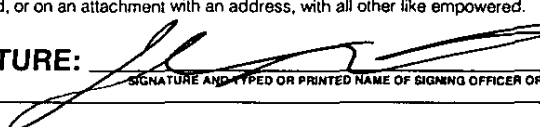


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 APR 18 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000130701 1. Entity Name WILLOW WALK BUSINESS CENTER BUILDING A CONDOMINIUM OWNERS' ASSOCIATION, INC.					
Principal Place of Business 11635 NW 1ST AVE GAINESVILLE, FL 32607			Mailing Address 11635 NW 1ST AVE GAINESVILLE, FL 32607		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0255736	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CURTIS, RYAN C 285 NW 138TH TERR, STE 100 JONESVILLE, FL 32669			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13820 West Newberry Rd, Suite 300 City Jonesville FL Zip Code 32669		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURTIS, JOHN M SR 11635 NW 1ST AVE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800054235638 05/10/05--01094--022 **158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURTIS, GAIL W 11635 NW 1ST AVE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURTIS, RYAN C 285 NW 138TH TERR, STE 100 JONESVILLE, FL 32669 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Curtis, Ryan C 13820 West Newberry Rd, Suite 300 Jonesville, FL 32669 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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: 			John M. Curtis Director		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/11/05 352-332-0838 <small>Date Daytime Phone #</small>		