## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 18, 2007 8:00 am Secretary of State 05-31-2007 90001 012 \*\*\*\*61.25

DOCUMENT # N0400008358  1. Entity Name WILLIAMSBURG ESTATES HOMEOWNER'S ASSOCIATION, INC.										
Principal Place of Business 6611 U.S. HIGHWAY 19, SUITE 507 NEW PORT RICHEY, FL 34652				g Address I U.S. HIGHWAY 19 PORT RICHEY, FL			66019304			
Principal Place of Business - No P.O. Box # 3. Mailing Address								—		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			<del></del>		05012007 Chg-NP CR2E037 (12/06)  4. FEI Number Applied For 20-2017810 Not Applied by		
City & State			City & State			<u> </u>				
Zip	Country		Zip		Cou	Country		5. Certificate of Status Desired Secured Fee Required		
6. Name and Address of Current Registered Agent						1 Name	7. Name and Address of New Registered Agent			
KALOGIANIS, CONSTANTINE 6611 U.S. HIGHWAY 19, SUITE 507 NEW PORT RICHEY, FL 34652						Street Address (P.O. Box Number is Not Acceptable)				
						City	FL Zip Code			
8. The above named entity submits this fratement 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 Storeaux, hypeolor printed name or registered agent and site a applicable (NOTE: Registered Agent signature required when remittating) DATE										
Filing Fee Is \$81.25  Due by May 1, 2007  Prost Fund Contribution								\$5.00 May Be Make check payable to Florida Department of State		
10.		OFFICERS AND DI	RECTORS		11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS	PD Delete KALOGIANIS, CONSTANTINE REALLIS, HIGHWAY 19, SUITE 507					E E ET ADORESS		· Change Addition		
CITY - ST-ZIP	6611 U.S. HIGHWAY 19, SUITE 507 NEW PORT RICHEY, FL 34652					-S1-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Delete KALOGIANIS, KATHY 6811 U.S. HIGHWAY 19, SUITE 507 NEW PORT RICHEY, FL 34652					I .	☐ Change ☐ Addition			
TITLE  MAME  STREET ADDRESS  CITY_ST_ZIP	☐ Delete					EY ADDRESS S1-ZP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete					i		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete							☐ Change ☐ Aedition		
TITLE NAME STREET ADDRESS CITY-ST-ZP					спу	EET ADDRESS - ST-ZIP		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. Florida Statutes. I further certify that the information indicated on this report or supplemental report is fue and accurate and total 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.										
SIGNATURE: SIGNATURE AND TYPED OR PONTED NAME OF STATUS PICCH OR DIRECTOR D									50	

PRESIDENT