

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717778 (5)
1. Corporation Name
WILLIAMSDALE SQUARE HOME OWNERS ASSOCIATION, INC



Principal Place of Business
**11077-56TH TERR N.
SEMINOLE FL 34642**

Mailing Address
**11077-56TH TERR N.
SEMINOLE FL 34642**

3. Date Incorporated or Qualified
12/22/1969

3a. Date of Last Report
04/27/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1741772		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country					
24		25					
		29		30			

9. Name and Address of Current Registered Agent

**JABLON, WILLIAM W. JR.
11077-56TH TERR N
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, TERRY	12 NAME	
STREET ADDRESS	11296 59TH AVE. N.	13 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL 34642	14 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JABLON, WW	22 NAME	
STREET ADDRESS	11077-56TH TERR. N	23 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL 34642	24 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRESTON, JIM	32 NAME	
STREET ADDRESS	11115 56TH TERR., NO.	33 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	34 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOROKOWSKY, ROSE	42 NAME	
STREET ADDRESS	11073-59 AVE. N.	43 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL 34642	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, BILL	52 NAME	
STREET ADDRESS	11131 54TH AVE.	53 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	54 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREVELLO, TINA	62 NAME	
STREET ADDRESS	11142 58TH AVE., N.	63 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)