


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>717778</b> (5) 1. Corporation Name <b>WILLIAMSDALE SQUARE HOME OWNERS ASSOCIATION, INC</b>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21	11172 60th Ave - N	26	11172 60th AVE - N
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
City & State		City & State	
23	SEMINOLE - FL	28	SEMINOLE - FL
24	Zip 33772	29	Zip 33772
25	COUNTRY PINELLAS	30	COUNTRY PINELLAS
3. Date Incorporated or Qualified 12/22/1969		3a. Date of Last Report 04/10/1996	
4. FEI Number 59-1741772		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		ALEX GRUKA	
82 Street Address (P.O. Box Number is Not Acceptable)		11172 60th AVE - N	
83			
84 City		SEMINOLE FL	
		85 Zip Code 33772	
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 <b>ALEX GRUKA TREASURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	WANDA ELSTON	1.2 NAME	TIM GLASSBUANER
STREET ADDRESS	11109 57 TERRACE - N	1.3 STREET ADDRESS	3502 WILLIAMSDALE COURT
CITY - ST - ZIP	SEMINOLE - 33772	1.4 CITY - ST - ZIP	SEMINOLE FL. 33772
TITLE	DELETED	2.1 TITLE	T
NAME	WINNIE TABLON	2.2 NAME	ALEX GRUKA
STREET ADDRESS	11077 66th TERRACE NORTH	2.3 STREET ADDRESS	11172 60th AVE - N
CITY - ST - ZIP		2.4 CITY - ST - ZIP	SEMINOLE - F.L. 33772
TITLE	D	3.1 TITLE	VP
NAME	ROBERT KROH	3.2 NAME	JOVANNA HILL
STREET ADDRESS	11 NO. 11287-58 AVE -	3.3 STREET ADDRESS	5692 WILLIAMS BOULEVARD
CITY - ST - ZIP	33772	3.4 CITY - ST - ZIP	SEMINOLE, F.L. 33772
TITLE	D	4.1 TITLE	S
NAME	SOROKOWSKY, ROSE	4.2 NAME	MARIA ARRUDA
STREET ADDRESS	11073-59 AVE. N.	4.3 STREET ADDRESS	11150 55th AVE - N
CITY - ST - ZIP	SEMINOLE FL 34642	4.4 CITY - ST - ZIP	SEMINOLE F.L. 33772
TITLE	D	5.1 TITLE	D
NAME	SCHULTZ, BILL	5.2 NAME	PAT ALLMAN
STREET ADDRESS	11131 54th AVE.	5.3 STREET ADDRESS	5740 WILLIAMS BOULEVARD
CITY - ST - ZIP	SEMINOLE FL	5.4 CITY - ST - ZIP	SEMINOLE F.L. 33772
TITLE	D	6.1 TITLE	D
NAME		6.2 NAME	EDNA WEINKOOP
STREET ADDRESS		6.3 STREET ADDRESS	11188 59th AVE - N
CITY - ST - ZIP		6.4 CITY - ST - ZIP	SEMINOLE, FL 33772
14. I do 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 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: <b>Maria Arruda</b> 3-1797			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (9/96)