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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717778

1. Corporation Name

WILLIAMSDALE SQUARE HOME OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

11172 60TH AVE N
SEMINOLE FL 33772
US

11172 60TH AVE N
SEMINOLE FL 33772
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 5517 Williamsdale Court

26 5517 Williamsdale Court

12/22/1969

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

Applied For

23 City & State

28 City & State

59-1741772

Not Applicable

23 Seminole, FL

28 Seminole, FL

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

24 Zip 33772 25 Country US

29 Zip 33772 30 Country US

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRUKA, ALEX
11172 60TH AVE N
SEMINOLE FL 33772

81 Name Gail R. Nichols

82 Street Address (P.O. Box Number is Not Acceptable)

5517 Williamsdale Court

83 Seminole FL 33772

84 City Seminole

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 *Gail R. Nichols*, Treasurer

Feb. 9, 1999

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
NAME	GLASSBUANER, TIM	
STREET ADDRESS	5502 WILLIAMSDALE COURT	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GRUKA, ALEX	
STREET ADDRESS	11172 60TH AVE N	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HILL, JOVANNA	
STREET ADDRESS	6592 WILLIAMS BOULEVARD	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DABOLO, MARY	
STREET ADDRESS	11169 59TH AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHULTZ, BILL	
STREET ADDRESS	11131 54TH AVE.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, ERICA	
STREET ADDRESS	11203 59TH AVE	
CITY-ST-ZIP	SEMINOLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gail R. Nichols
2.3 STREET ADDRESS	5517 Williamsdale Court
2.4 CITY-ST-ZIP	Seminole, FL 33772
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Judith Miller
3.3 STREET ADDRESS	11080 57th Ave., No.
3.4 CITY-ST-ZIP	Seminole, FL 33772
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mary Daddio
4.3 STREET ADDRESS	11169 57th Ave. No.
4.4 CITY-ST-ZIP	Seminole, FL 33772
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Evelyn Schultz
6.3 STREET ADDRESS	11131 54th Ave. No.
6.4 CITY-ST-ZIP	Seminole, FL 33772

14. 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 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, with all other like empowered.

SIGNATURE: *Gail R. Nichols* Gail R. Nichols, Treas. (727) 392-2886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (1/98)