

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 717778**

i. Entity Name

WILLIAMSDALE SQUARE HOME OWNERS ASSOCIATION, INC**FILED**
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90305 047 ****61.25

| | | | |
|---|---------|--|---------|
| Principal Place of Business 5517 WILLIAMSDALE COURT SEMINOLE FL 33772 | | Mailing Address 5517 WILLIAMSDALE COURT SEMINOLE FL 33772-7239 US | |
| Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

843664

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---|--|
| 4. FEI Number 59-1741772 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NICHOLS, GAIL R 5517 WILLIAMSDALE COURT SEMINOLE FL 33772 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---------------------------------|---|---|
| TITLE P GLASSBUANER, TIM STREET ADDRESS 5502 WILLIAMSDALE COURT CITY-ST-ZIP SEMINOLE FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE T NICHOLS, GAIL R STREET ADDRESS 5517 WILLIAMSDALE COURT CITY-ST-ZIP SEMINOLE FL 33772 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP MILLER, JUDITH STREET ADDRESS 11080 57TH AVENUE, N CITY-ST-ZIP SEMINOLE FL 33772 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D DADDIO, MARY STREET ADDRESS 11169 59TH AVENUE NORTH CITY-ST-ZIP SEMINOLE FL 33772 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D SCHULTZ, BILL STREET ADDRESS 11131 54TH AVE. CITY-ST-ZIP SEMINOLE FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE S SCHULTZ, EVELYN STREET ADDRESS 1131 54TH AVENUE, N CITY-ST-ZIP SEMINOLE FL 33772 | <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 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: *Gail R. Nichols* **Gail R. Nichols, Treasurer** 4/26/00 (727) 392-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)