


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 717778**

1. Entity Name  
**WILLIAMSDALE SQUARE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**5517 WILLIAMSDALE COURT  
 SEMINOLE, FL 33772 US**      **5517 WILLIAMSDALE COURT  
 SEMINOLE, FL 33772 US**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
**59-1741772**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NICHOLS, GAIL R  
 5517 WILLIAMSDALE COURT  
 SEMINOLE, FL 33772**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

U00000133366  
 04/27/04-80084-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICHOLS, GAIL P 5517 WILLIAMSDALE COURT SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DADDIO, MARY 11169 57TH AVENUE NORTH SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DARLINGTON, ROSEMARIE 11187 58TH AVENUE NORTH SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUDWIG, MARY A 11141 56TH AVENUE NORTH SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELUCA, RON 5743 110TH WAY NORTH SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JUDITH 11080 57TH AVENUE NORTH SEMINOLE, FL 33772

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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      4/20/04 (727) 561-7142  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **Gail R. Nichols, President**      Daytime Phone #