

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90287 038 *****61.25

20042114



DOCUMENT # 717778 1. Entity Name WILLIAMSDALE SQUARE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 5517 WILLIAMSDALE COURT SEMINOLE, FL 33772 US				Mailing Address 5517 WILLIAMSDALE COURT SEMINOLE, FL 33772 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1741772	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NICHOLS, GAIL R 5517 WILLIAMSDALE COURT SEMINOLE, FL 33772			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICHOLS, GAIL P		NAME		
STREET ADDRESS	5517 WILLIAMSDALE COURT		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DADDIO, MARY		NAME		
STREET ADDRESS	11169 57TH AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DARLINGTON, ROSEMARIE		NAME	Gail A. Jackson	
STREET ADDRESS	11187 58TH AVENUE NORTH		STREET ADDRESS	11268 59th Ave., North	
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP	Seminole, FL 33772	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUDWIG, MARY A		NAME		
STREET ADDRESS	11141 56TH AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELUCA, RON		NAME		
STREET ADDRESS	5743 110TH WAY NORTH		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, JUDITH		NAME		
STREET ADDRESS	11080 57TH AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
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: <i>Gail R. Nichols, Pres.</i> (Gail R. Nichols, Pres) 4/20/05 (727) 561-7142					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					