

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717778

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: WILLIAMSDALE SQUARE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5517 WILLIAMSDALE COURT  
SEMINOLE, FL 33772 US

**New Principal Place of Business:**

**Current Mailing Address:**

5517 WILLIAMSDALE COURT  
SEMINOLE, FL 33772 US

**New Mailing Address:**

FEI Number: 59-1741772      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NICHOLS, GAIL R  
Address: 5517 WILLIAMSDALE COURT  
City-St-Zip: SEMINOLE, FL 33772

Title: VP ( ) Delete  
Name: DADDIO, MARY  
Address: 11169 57TH AVENUE NORTH  
City-St-Zip: SEMINOLE, FL 33772

Title: S ( ) Delete  
Name: JACKSON, GAIL A  
Address: 11268 59TH AVE N  
City-St-Zip: SEMINOLE, FL 33772

Title: T ( ) Delete  
Name: LUDWIG, MARY A  
Address: 11141 56TH AVENUE NORTH  
City-St-Zip: SEMINOLE, FL 33772

Title: D ( ) Delete  
Name: DELUCA, RON  
Address: 5743 110TH WAY NORTH  
City-St-Zip: SEMINOLE, FL 33772

Title: D ( ) Delete  
Name: MILLER, JUDITH  
Address: 11080 57TH AVENUE NORTH  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL R. NICHOLS

Electronic Signature of Signing Officer or Director

PRES

04/19/2007

Date