

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 11, 2008
Secretary of State**

DOCUMENT# 717778

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

Title: D (X) 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 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

P

02/11/2008

Electronic Signature of Signing Officer or Director

_____ Date