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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:22

DOCUMENT # 728896 (2)

1. Corporation Name
WILLIAMSBURG VILLAGE NORTH HOMEOWNERS ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
50 NEEDLE BLVD OFFICE BOX 100 MERRITT ISLAND FL 32953 US	50 NEEDLE BLVD OFFICE, BOX 100 MERRITT ISLAND FL 32953 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1974
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1559809 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MURPHY, BOB
50 NEEDLE BLVD
#18
MERRITT ISL FL 32953

10. Name and Address of New Registered Agent

81 Name: Bob Murphy
82 Street Address (P.O. Box Number is Not Acceptable): 120 E. Crissafulli Rd.
83
84 City: Merritt Is FL 85 Zip Code: 3295-3

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition: PD
NAME	MURPHY, ROBERT	1.2 NAME	Bob Murphy
STREET ADDRESS	50 NEEDLE BLVD #18	1.3 STREET ADDRESS	120 E. Crissafulli Rd
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	Merritt Is, Fl. 3295-3
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	HARDISON, KEN	2.2 NAME	
STREET ADDRESS	1510 VEGA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	FERRITTO, AL	3.2 NAME	
STREET ADDRESS	545 GATEWAY COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/8/95 407-452-5901
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0036412