SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 16 1998 8:00am
Secretary of State

000350S

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

3. Date Incorporated or Qualified: 02/21/1974

4. FEI Number: 59-1559809 ☐ Applied For ☐ Not Applicable

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)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NOE, JENNIFER
17 MCLEOD STREET
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (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	SD	☑ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	BRENDLE, LARRY		1.2 NAME	NANCY MUNDY	
STREET ADDRESS	345 PARK AVENUE		1.3 STREET ADDRESS	50 NEEDLE BLVD UNIT # 1	
CITY-ST-ZIP	SATELLITE BEACH FL		1.4 CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	
TITLE	D	☐ DELETE	2.1 TITLE	V D	☐ Change ☒ Addition
NAME	LUNA, PHYLLIS		2.2 NAME	DAVID DIAMOND	
STREET ADDRESS	50 NEDDLE BLVD #31		2.3 STREET ADDRESS	2005. SYKES CREEK PKWY UNIT # 104	
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	PD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	FERRITTO, AL		3.2 NAME	BRENDLE, LARRY	
STREET ADDRESS	545 GATEWAY COURT		3.3 STREET ADDRESS	345 PARK AVE	
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP	SATTELLITE BEACH, FL	
TITLE	VD	☑ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	DENVER, DAVE		4.2 NAME	DANYER, DAVE	
STREET ADDRESS	1001 POINSETTA ST		4.3 STREET ADDRESS	1001 POINSETTA ST.	
CITY-ST-ZIP	COCOA FL		4.4 CITY-ST-ZIP	COCOA, FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

14. 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 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: ALLAN FERRITTO _____ 7/2/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #