

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90119 003 ****61.25

DOCUMENT # 728896 1. Entity Name WILLIAMSBURG VILLAGE NORTH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 50 NEEDLE BLVD OFFICE BOX 100 MERRITT ISLAND, FL 32953 US			Mailing Address P O BOX 410759 MELBOURNE, FL 32941 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02242006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-1559809	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADVANCED PROPERTY MANAGEMENT 6767 N WICKHAM ROAD SUITE 213 MELBOURNE, FL 32940				7. Name and Address of New Registered Agent Advanced Property Mgmt, Inc. Suite 106 1978 Rockledge Blvd Rockledge, FL 32955	
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 <u><i>Kathleen N. Whits</i></u> KATHLEEN N. WHITS <u>3-23-06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD DIAMOND, DAVID 779 E MERRITT ISLE CSWY #849 MERRITT ISLAND, FL 32952	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STALLIONE, STEVE 2301 MERIDAN AVE COCOA, FL 32922	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAMOND, JANET 779 E MERRITT ISL CSWY #849 MERRITT ISLAND, FL 32952	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALLIONE, KELLY 2301 MERIDIAN AVE COCOA, FL 32922	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEWS, RYAN 50 NEEDLE BLVD, #18 MERRITT ISLAND, FL 32953	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Steve Stallione</i></u> Steve Stallione <u>4-6-06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					