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FILED

Jan 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763507 (1)

1. Corporation Name

WILLIAMSBURG PROFESSIONAL CONDOMINIUM ASSOCIATIO  
N, INC.

Principal Place of Business

Mailing Address

280 TAMiami TRAIL N  
NAPLES FL 33940280 TAMiami TRAIL N  
NAPLES FL 34102-58323. Date Incorporated or Qualified  
06/02/19823a. Date of Last Report  
03/15/1996

4. FEI Number

59-2225058

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City &amp; State

27

City &amp; State

23

Zip Country

28

Zip Country

24

34102

25

29

34102

30

9. Name and Address of Current Registered Agent

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

34102

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
JOHNSON, TERRANCE  
290 TAMiami TRAIL N  
NAPLES, FL 00000☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
34102☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
WEISS, ALLEN S.  
280 TAMiami TRAIL N.  
NAPLES, FL 00000☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
34102☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
HUDDLESTON, JAMES  
270 TAMiami TRAIL N.  
NAPLES, FL 00000☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
34102☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP☐ Change☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allen S. Weiss

1-6-97

941-261-3988

CR2E037 (9/96)