2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003107

FILED Feb 14, 2007 Secretary of State

Entity Name: WILLIAMS PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7563 HAYFIELD CIRCLE 7595 HAYFIELD CIRCLE PENSACOLA, FL 32526 PENSACOLA, FL 32526

Current Mailing Address: New Mailing Address:

7563 HAYFIELD CIRCLE 7595 HAYFIELD CIRCLE PENSACOLA, FL 32526 PENSACOLA, FL 32526

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLER, KANDIS K
7563 HAYFIELD CIRCLE
PENSACOLA, FL 32526 US
VOLK, TRACEY L
7595 HAYFIELD CIRCLE
PENSACOLA, FL 32526 US

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: TRACEY L VOLK 02/14/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: TD () Delete Title: TD (X) Change () Addition

 Name:
 MILLER, KANDIS K
 Name:
 VOLK, TRACEY L

 Address:
 7563 HAYFIELD CIRCLE
 Address:
 7595 HAYFIELD CIRCLE

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:
 PENSACOLA, FL 32526

Title: VD () Delete Title: VD (X) Change () Addition Name: SWAN, BRIAN Name: SWAN, CINDY

Address: 7571 HAYFIELD CIRCLE Address: 7571 HAYFIELD CIRCLE

Address. 757 HATFIELD CIRCLE Address. 757 HATFIELD CIRCLE City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: PENSACOLA, FL 32526

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 REDWINE, TRACI
 Name:
 JIM, LOGAN

 Address:
 7435 FARMERS ROAD
 Address:
 7570 HAYFIELD CIR

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:
 PENSACOLA, FL 32526

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 HOLLINGSHEAD, MEGAN
 Name:
 DEBBIE, CARTY

 Address:
 7448 FARMERS ROAD
 Address:
 7496 FARMERS ROAD

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:
 PENSACOLA, FL 32526

I hereby certify that the information supplied with this filing does not qualify for the 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: TRACEY L VOLK TD 02/14/2007