2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N02000003254

1. Entity Name

WILLIAMS PLACE PROPERTY OWNERS' ASSOCIATION,

INC.

Principal Place of Business

33 EAST WALL STREET FROSTPROOF, FL 33843 Mailing Address

33 EAST WALL STREET FROSTPROOF, FL 33843

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90771 001 *1,111.25

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DO NOT WRITE IN THIS SPACE

04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 41-2078840

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRADDOCK, F. HOOD 33 EAST WALL STREET FROSTPROOF, FL 33843

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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				Agent signature required when reinstating) DATE	
	Filing Fee Is \$61.25 Due by May 1, 2005	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZARIE, FREID 7185 FOX CT LARKSPUR, CO 90118				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DREW, JACK 22100 S TAMIAMI TR ESTERO, FL 33928		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CASHION, STEPHEN J 4600 WEST BAY BOULEVARD ESTERO, FL 33928				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRADDOCK, F. HOOD 33 EAST WALL STREET FROSTPROOF, FL 33843				
TITLE NAME STREET AODRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
12. 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 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 AND TYPED OR PRINTED NAME OF MIGNING OFFICER OR DIRECTOR