



61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000003254 1. Entity Name WILLIAMS PLACE PROPERTY OWNERS' ASSOCIATION, INC.			FILED 06 MAY 16 PM 3:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 33 EAST WALL STREET FROSTPROOF, FL 33843	Mailing Address 33 EAST WALL STREET FROSTPROOF, FL 33843		
DO NOT WRITE IN THIS SPACE		02072006 No Chg-NP CR2E037 (11/05)	
4. FEI Number 41-2078840		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		DO NOT WRITE IN THIS SPACE	
6. Name and Address of Current Registered Agent CRADDOCK, F. HOOD 33 EAST WALL STREET FROSTPROOF, FL 33843		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div style="text-align: center; font-size: 2em;">\$75/23</div>	
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		
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 ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
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:  F. Hood Craddock		4-26-06	863.625.4804
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

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