


2008 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	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	

FILED

08 MAY -2 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



21299 US Hwy 27
Lake Wales, FL
33859-6851

P. O. BOX 3737
Lake Wales, FL
33859-3737

01152008 Chg-NP CR2E037 (12/06)

4. FEI Number 41-2078840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRADDOCK, F. HOOD 33 EAST WALL STREET FROSTPROOF, FL 33843	7. Name and Address of New Registered Agent David A. Miller 21299 US Hwy 27 Lake Wales, FL 33859-6851 FL Zip Code
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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

David A. Miller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/2008

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZARIE, FREID 7185 FOX CT LARKSPUR, CO 90118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DREW, JACK 22100 S TAMiami TR ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CASHION, STEPHEN J 4600 WEST BAY BOULEVARD ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRADDOCK, F. HOOD 33 EAST WALL STREET FROSTPROOF, FL 33843 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08 863.679.6700

Date Daytime Phone #