

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005116

FILED
Apr 13, 2007
Secretary of State

Entity Name: WILLIAMS CROSSING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-1170082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRANCIS, HANS
Address: 3428 HIGH HAMPTON CIR
City-St-Zip: TAMPA, FL 33610

Title: VPD () Delete
Name: MOORE, LEANA
Address: 3469 HIGH HAMPTON CIR
City-St-Zip: TAMPA, FL 33610

Title: SD () Delete
Name: RASCHKE, CHRISTA D
Address: 3576 HIGH HAMPTON CIR
City-St-Zip: TAMPA, FL 33610

Title: TD () Delete
Name: EDWARDS, CHRISTINA
Address: 3563 HIGH HAMPTON CIR
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: JACKSON, MARCIA
Address: 3450 HIGH HAMPTON CIR
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CARY, FREDI
Address: 3510 HIGH HAMPTON CIR
City-St-Zip: TAMPA, FL 33610

Title: TD (X) Change () Addition
Name: EVANS, BRIAN
Address: 3508 HIGH HAMPTON CIR
City-St-Zip: TAMPA, FL 33610

Title: D (X) Change () Addition
Name: CHICARELLI, PETER
Address: 3425 HIGH HAMPTON CIR
City-St-Zip: TAMPA, FL 33610

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: HANS FRANCIS

PD

04/13/2007

Electronic Signature of Signing Officer or Director

Date