

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005116

FILED
Apr 08, 2008
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:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: JAMES W HART JR

04/08/2008

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: CARY, FREDI
Address: 3510 HIGH HAMPTON CIR
City-St-Zip: TAMPA, FL 33610

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: FRANCIS, HANS
Address: 3428 HIGH HAMPTON CIR
City-St-Zip: TAMPA, FL 33610

Title: VPD (X) Change () Addition
Name: DIEMUNSCH, REBECCA
Address: 3420 HIGH HAMPTON CIR
City-St-Zip: TAMPA, FL 33610

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

Title: SD (X) Change () Addition
Name: BALCHUNAS, CHRISTA
Address: 3576 HIGH HAMPTON CIR
City-St-Zip: TAMPA, FL 33610

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

I hereby certify that the information supplied with this filing does not qualify 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: FREDI CARY

PD

04/08/2008

Electronic Signature of Signing Officer or Director

Date