

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005116

FILED  
Apr 09, 2010  
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  
SENTRY MANAGEMENT INC  
2180 WEST 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: SD  
Name: HACZYNSKI, RYAN  
Address: 3503 HIGH HAMPTON CIR  
City-St-Zip: TAMPA, FL 33610

Title: TD  
Name: LOTITO, HELEN  
Address: 3550 HIGH HAMPTON CIR  
City-St-Zip: TAMPA, FL 33610

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

Title: VPD  
Name: BALCHUNAS, CHRISTA  
Address: 3576 HIGH HAMPTON CIR  
City-St-Zip: TAMPA, FL 33610

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

I hereby 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 all other like empowered.

SIGNATURE: FREDI CARY

PD

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date