

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008358

FILED  
Apr 21, 2006  
Secretary of State

**Entity Name:** WILLIAMSBURG ESTATES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4821 U.S. HIGHWAY 19., SUITE 3  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

6611 U.S. HIGHWAY 19, SUITE 507  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

4821 U.S. HIGHWAY 19., SUITE 3  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

6611 U.S. HIGHWAY 19, SUITE 507  
NEW PORT RICHEY, FL 34652

FEI Number: 20-2017810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KALOGIANIS, CONSTANTINE  
4821 U.S. HIGHWAY 19., SUITE 3  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

KALOGIANIS, CONSTANTINE  
6611 U.S. HIGHWAY 19, SUITE 507  
NEW PORT RICHEY, FL 34652 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: CONSTANTINE KALOGIANIS

04/21/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KALOGIANIS, CONSTANTINE  
Address: 4821 U.S. HIGHWAY 19., SUITE 3  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD ( ) Delete  
Name: KALOGIANIS, KATHY  
Address: 4821 U.S. HIGHWAY 19., SUITE 3  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KALOGIANIS, CONSTANTINE  
Address: 6611 U.S. HIGHWAY 19, SUITE 507  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD (X) Change ( ) Addition  
Name: KALOGIANIS, KATHY  
Address: 6611 U.S. HIGHWAY 19, SUITE 507  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: CONSTANTINE KALOGIANIS

PD

04/21/2006

Electronic Signature of Signing Officer or Director

Date