

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2008 8:00 am
Secretary of State

08-21-2008 90002 024 ****61.25

DOCUMENT # N04000008358					
1. Entity Name WILLIAMSBURG ESTATES HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 6611 U.S. HIGHWAY 19, SUITE 507 NEW PORT RICHEY, FL 34652			Mailing Address 6611 U.S. HIGHWAY 19, SUITE 507 NEW PORT RICHEY, FL 34652		
2. Principal Place of Business - No P.O. Box # 8520 Government Dr Suite, Apt. #, etc. #1 City & State New Port Richey, FL Zip 34654 Country Pasco		3. Mailing Address 8520 Government Dr Suite, Apt. #, etc. #1 City & State New Port Richey, FL Zip 34654 Country Pasco		40114013 	
4. FEI Number 20-2017810		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KALOGIANIS, CONSTANTINE 6611 U.S. HIGHWAY 19, SUITE 507 NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME KALOGIANIS, CONSTANTINE STREET ADDRESS 6611 U.S. HIGHWAY 19, SUITE 507 CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Kalogianis, Constantine STREET ADDRESS 8520 Government Dr CITY-ST-ZIP New Port Richey FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME KALOGIANIS, KATHY STREET ADDRESS 6611 U.S. HIGHWAY 19, SUITE 507 CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Kalogianis, Kathy STREET ADDRESS 8520 Government Dr CITY-ST-ZIP New Port Richey FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS 8520 Government Dr CITY-ST-ZIP New Port Richey FL 34654	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>8.18.08</u> Daytime Phone # _____		