2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0400008358 1. Enlity Name WILLIAMSBURG ESTATES HOMEOWNER'S ASSOCIATION, INC.						08-21-2008	90002 024 **	**61.25
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 .					401140		BIII BOIO! IOI BU IIIBI UIID	K INTERNALINA
8520 GONELHELL RI 8520		3. Mailing Address Suite, Apt. #. etc.	Mailing Address AG CXXXIII EILE Q Suite, Apt. #, etc.		00440000			
City & State	1	City & State			08142008 Cr	ng-NP	CR2E037 (12/06	Applied For
Nimy	Port lickey FI	New York	lickey F		20-201781	0		Not Applicable
346S		zip 34454	Pusco		5. Certificate of Sta		□ \$8.75 A Fee Requ	
6. Name and Address of Current Registered Agent Name					7. Name and Add	ress of New Reg	istered Agent	
KALOGIANIS, CONSTANTINE 6611 U.S. HIGHWAY 19, SUITE 507 NEW PORT RICHEY, FL 34652				Street Address (P.O. Box Number is Not Acceptable)				
		 	City				FL Zip Ci	
	named entity submits this statement for I ions of registered agent.	he purpose of changing its i	registered office o	r registered	d agent, or both, in	the State of Florid	da. I am Iamiliar wi	th, and accept
SIGNATURE .								
-	Signature, typed or printed name of registered agent and	title if applicable (NOTE	Registered Agent signat	ure required w	hen reinstating)		DATE	
+	Signature, typest or printed name of registered agent are Filling Fee is \$61.25 ue by September 12, 2008	····	ipaign Financing		hen reinstating) 55.00 May Be Added to Fees		DATE Se check payable a Department of	
10.	Filing Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIRE	9. Election Cam Trust Fund C CTORS	paign Financing ontribution.	☐ Å	5.00 May Be	Florida	e check payable a Department of AND DIRECTORS	State IN 10
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12. I hereby certify that the information supplied with this filling 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR

8.18.00

Daytime Phone #