

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

3/

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-15-2006 90099 032 ****61.25

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1. Entity Name
**WILLIAMS FLOOR CENTER CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**690 A EAST RHODE ISLAND AVE.
ORANGE CITY, FL 32763**

Mailing Address
**690 A EAST RHODE ISLAND AVE.
ORANGE CITY, FL 32763**

66007650



DO NOT WRITE IN THIS SPACE

02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-2010558

Applied For
Not Applicable

6. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

5. Name and Address of Current Registered Agent

**WILLIAMS, TERRY C
690 A EAST RHODE ISLAND AVE.
ORANGE CITY, FL 32763**

**DO NOT WRITE
IN THIS SPACE**

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

Terry C. Williams

3/2/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILLIAMS, TERRY C
690 A EAST RHODE ISLAND AVE.
ORANGE CITY, FL 32763**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILLIAMS, DEBORAH
690 A EAST RHODE ISLAND AVE.
ORANGE CITY, FL 32763**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
COKER, CHARLES L JR.
690 B EAST RHODE ISLAND AVE.
ORANGE CITY, FL 32763**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry C. Williams

3/27/06 (386) 775-4544

Date

Daytime Phone #