


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000011689 1. Entity Name WILLIAMS FLOOR CENTER CONDOMINIUM ASSOCIATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



02012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2010558	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000837186 03/04/08-80045-017 61.25
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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	

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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 like empowered.

SIGNATURE:  **2/22/08** **(386) 775-4544**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #