



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

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000005604		
1. Entity Name WILLIAMS PLACE OF CLERMONT HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business 1135 EAST AVE. CLERMONT, FL 34711		Mailing Address 1135 EAST AVE. CLERMONT, FL 34711
DO NOT WRITE IN THIS SPACE		
		04012008 No Chg-NP CR2E037 (4/06)
		4. FEI Number 20-1157687
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LADD, DALE J 1135 EAST AVE. CLERMONT, FL 34711		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 _____ (NOTE: Registered Agent signature required when reissuing) 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
		U00000907804 05/06/08-80002-024 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LADD, DALE J 1135 EAST AVE. CLERMONT, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LADD, NANCY 1135 EAST AVE. CLERMONT, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LADD, DARRYL A 1135 EAST AVE. CLERMONT, FL 34711	
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 like empowered.		
SIGNATURE:  Dale J. Ladd		4-16-08 352-394-8086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #