

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-07-2005 90291 013 ****61.25

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N06165			
1. Entity Name WILLIAMSBURG AT HERITAGE RIDGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1274 NE BUSINESS PK PL JENSEN BCH, FL 34957 US		Mailing Address PO BOX 65 JENSEN BCH, FL 34958 US	
2. Principal Place of Business <i>1111 SE Federal Hwy</i> Suite, Apt. #, etc. <i>Suite 100</i> City & State <i>STUART, FL</i> Zip <i>34994</i>		3. Mailing Address <i>1111 SE Federal Hwy</i> Suite, Apt. #, etc. <i>Suite 100</i> City & State <i>STUART, FL</i> Zip <i>34994</i>	
02092005 Chg-NP		CR2E037 (10/03)	
4. FEI Number 59-2521102		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORNETT, JANE L 401 E OSCEOLA ST STUART, FL 34995		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIES, AUDREY 6901 SE CONSTITUTION BLVD #8-101 HOBE SOUND, FL 33455	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKAY, HAROLD 6860 SE CONSTITUTION BLVD #9-102 HOBE SOUND, FL 33455 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARLAN, DAVID 6860 SE CONSTITUTION BLVD #9-101 HOBE SOUND, FL 33455 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURTAGH, WILLIAM 6980 SE CONSTITUTIONAL BLVD 10-104 HOBE SOUND, FL 33455 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLIER, JOHN 6333 SE WILLIAMSBURG DR #12-101 HOBE SOUND, FL 33455 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUNNINGHAM, FRED 6333 SE WILLIAMSBURG DR #12-201 HOBE SOUND, FL 33455 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERSEN, JOYCE 6980 SE CONSTITUTIONAL BLVD #1-102 HOBE SOUND, FL 33455 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMULLEN, PAUL 6860 SE CONSTITUTION BLVD #9-208 HOBE SOUND, FL 33455 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>W. J. Murtagh</i>		W J Murtagh 3/2/05 772-546-2943	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	