

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90030 019 \*\*\*\*61.25

<b>DOCUMENT # N06165</b>					
<b>1. Entity Name</b> WILLIAMSBURG AT HERITAGE RIDGE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1111 SE FEDERAL HWY STE 100 STUART, FL 34994 US			<b>Mailing Address</b> 1111 SE FEDERAL HWY STE 100 STUART, FL 34994 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-2521102	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORNETT, JANE L 401 E OSCEOLA ST STUART, FL 34995			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VPD <b>NAME</b> DAVIES, AUDREY <b>STREET ADDRESS</b> 6901 SE CONSTITUTION BLVD #6-101 <b>CITY-ST-ZIP</b> HOBE SOUND, FL 33455	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Audrey B. Davies <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> HARLAIN, DAVID <b>STREET ADDRESS</b> 6860 SE CONSTITUTION BLVD #9-104 <b>CITY-ST-ZIP</b> HOBE SOUND, FL 33455	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> HARLAN, DAVID <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> MURTAGH, WILLIAM <b>STREET ADDRESS</b> 6980 SE CONSTITUTIONAL BLVD 10-104 <b>CITY-ST-ZIP</b> HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> Venditelli, Arthur <b>STREET ADDRESS</b> 6860 SE CONSTITUTION BLVD #9-205 <b>CITY-ST-ZIP</b> HOBE SOUND, FL 33455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> COLLIER, JOHN <b>STREET ADDRESS</b> 6333 SE WILLIAMSBURG DR #12-201 <b>CITY-ST-ZIP</b> HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> PETERSEN, JOYCE <b>STREET ADDRESS</b> 6980 SE CONSTITUTIONAL BLVD #2-102 <b>CITY-ST-ZIP</b> HOBE SOUND, FL 33455	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Audrey B. Davies</i>			Date <i>4/4/08</i> 772 334 8900 <small>Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					