


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90046 046 ****61.25

DOCUMENT # N25550 1. Entity Name WILLIAMSBURG AT THE COLONY PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O HENKE PROPERTY MGMT INC 6213-A PRESIDENTIAL CT FORT MYERS, FL 33919 US			Mailing Address C/O HENKE PROPERTY MGMT INC 6213-A PRESIDENTIAL CT FORT MYERS, FL 33919 US		
2. Principal Place of Business 6238 Presidential CT Suite, Apt. #, etc. Suite 1			3. Mailing Address PO Box 60195 Suite, Apt. #, etc.		
City & State Ft Myers, FL Zip 33919		City & State Ft Myers, FL Zip 33906		4. FEI Number 65-0067621 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03032005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent HENKE, CAROL J C/O HENKE PROPERTY MGMT, INC 6213-A PRESIDENTIAL CT FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name Jonathan McLaughlin Street Address (P.O. Box Number is Not Acceptable) 6238 Presidential CT Suite 1 City Fort Myers FL Zip Code 33919	
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 <u>[Signature]</u> CAM DATE <u>03/03/05</u> <small>Signature, typed or printed name of registered agent as applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD ALTENBACH, BEATRICE 13545 ADMIRAL CT FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christman, Bob 13577 Admiral CT Fort Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUGG, ED 13626 CHERRY TREE COURT FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gould, Srd 13594 Admiral CT Fort Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINZIE, GENE 13609 ADMIRAL CT FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRINGLE, WILLIAM 13645 ADMIRAL CT FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWORNEY, ESTER 12565 ADMIRAL CT FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Horton, Ray 13685 Admiral CT Fort Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORFLEET, L. EDGAR 13665 ADMIRAL CT FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Jontz, Norma 13602 Admiral CT Fort Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/22/05 <small>Date</small>		
			239-275-8320 <small>Daytime Phone #</small>		

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