



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-24-2005 90046 047 \*\*\*\*61.25

<b>DOCUMENT # N25551</b> 1. Entity Name <b>WILLIAMSBURG AT THE COLONY CONDOMINIUM 1 ASSOCIATION, INC.</b>						
Principal Place of Business <b>HENKE PROPERTY MGMT INC 6213-A PRESIDENTIAL CT FORT MYERS, FL 33919 US</b>			Mailing Address <b>HENKE PROPERTY MGMT INC 6213-A PRESIDENTIAL CT FORT MYERS, FL 33919 US</b>			
2. Principal Place of Business <b>6238 Presidential CT</b> Suite, Apt. #, etc. <b>Suite 1</b>		3. Mailing Address <b>PO Box</b> Suite, Apt. #, etc. <b>60195</b>		<b>50030481</b> 		
City & State <b>FT Myers, FL</b> Zip <b>33919</b>		City & State <b>FT Myers, FL</b> Zip <b>33906</b>		4. FEI Number <b>65-0085915</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent <b>HENKE, CAROL J C/O HENKE PROPERTY MGT INC 6213-A PRESIDENTIAL CT FORT MYERS, FL 33919</b>			7. Name and Address of New Registered Agent Name <b>Jonathan McLaughlin</b> Street Address (P.O. Box Number is Not Acceptable) <b>6238 Presidential CT</b> Suite, Apt. #, etc. <b>Suite 1</b> City <b>FT Myers</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. SIGNATURE <u><i>[Signature]</i></u> <b>03/03/05</b> <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	VD HORTON, RAYMOND 13685 ADMINRAL CT FORT MYERS, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NORFLEET, L. EDGAR 13665 ADMIRAL CT FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3/1 Anderson, Lynn 13681 Admiral CT Fort Myers, FL 33912. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRINGLE, WILLIAM 13645 ADMIRAL CT FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				03/22/05 <small>Date</small>		
[Blank]				239-765-5375 <small>Daytime Phone #</small>		