2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

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

DOCUMENT # N25551 1. Entity Name WILLIAMSBURG AT THE COLONY CONDOMINIUM 1 ASSOCIATION, INC.				0	3-24-2005 9	0046 047 ****6	1.25
6213-A PRES FORT MYERS	PERTY MGMT INC SIDENTIAL CT 5, FL 33919 US		C US			5003 	0481
	Place of Business Presidential CT	3. Mailing Address Box			02.00 01701 BIIBI 1701 3		,
Suite, Apt.	#, etc. te_1—	Suite, Apt. #, etc. 60195	<u></u>	03032005 _C	hg-NP	CR2E037 (10/03)	
		City & State H Myers	City & State F Myers , FL		4. FEI Number Applied For 65-0085915 Not Applicable		
^{Zip} 339	Country US		Country US	5. Certificate of St	tatus Desired	S8.75 Add Fee Require	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HENKE, CAROL J C/O HENKE PROPERTY MGT INC 6213-A PRESIDENTIAL CT			اط ا	Name brathan mchaughlin.			
			Street Youless	Street Address (P.O. Box Number is Not Acceptable)			
FORT MYERS, FL 33919				Suite 1	_		
City				A Myers FL Zin Code 33919			
	named entity submits this statement to tions of registered agent.	or the purpose of changing its regist	tered office or registe	ered agent, or both, in	the State of Flor	ida. I am familiar with,	and accept
l.	11 1 2000			•	_	- 1 - 10-	
SIGNATURE .	Signatus, typed or printed name of registered agent	of pulle of applicable. (NOTE: Regist	lered Agent signature require	ed when reunstating)		3/03/05 BATE	
SIGNATURE	Signature typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	Ma Florid	ike check payable t da Department of S	tate
SIGNATURE	Filing Fee is \$61.25	9. Election Campaign Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	Ma Florid	ike check payable t	tate
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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 it 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

765-5375

☐ Change

☐ Addition