
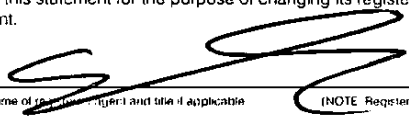
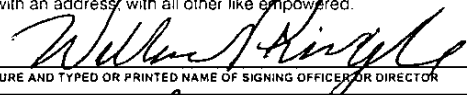


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90161 046 \*\*\*\*61.25

<b>DOCUMENT # N25551</b> 1. Entity Name WILLIAMSBURG AT THE COLONY CONDOMINIUM 1 ASSOCIATION, INC.					
Principal Place of Business 6238 PRESIDENTIAL CT SUITE 1 FORT MYERS, FL 33919 US			Mailing Address PO BOX 60195 FORT MYERS, FL 33906 US		
2. Principal Place of Business		3. Mailing Address <i>Island Mgmt</i>			
Suite, Apt. #, etc. <i>P.O. Box 100</i>		Suite, Apt. #, etc. <i>P.O. Box 100</i>			
City & State <i>SANIBEL FL</i>		City & State <i>SANIBEL FL</i>			
Zip <i>33957</i>		Country <i>USA</i>		Zip <i>33957</i>	
Country <i>USA</i>		4. FEI Number 65-0085915			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MCLAUGHLIN, JONATHAN 6238 PRESIDENTIAL CT SUITE 1 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name <i>Steven J. Mackesy</i> Street Address (P.O. Box Number is Not Acceptable) <i>711 TARPON BAY RD</i> City <i>SANIBEL</i> FL <i>33957</i>		
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  DATE <i>4-23-06</i> <small>Signature, typed or printed name of the filer, agent and filer if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	S/T ANDERSON, LYNN 13681 ADMIRAL CT FORT MYERS, FL 33912 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>GENE MCKENZIE</i> <i>13689 ADMIRAL CRT</i> <i>FT. MYERS FL 33912</i> <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	<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	<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	<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 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.					
SIGNATURE:  <i>4-1-06</i> <i>239-472-5020</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					