

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90035 042 ****61.25

DOCUMENT # N28372			
1. Entity Name WILLIAMSBURG AT THE COLONY CONDOMINIUM 2 ASSOCIATION, INC.			
Principal Place of Business C/O HENKE PROPERTY MGMT 6213-A PRESIDENTIAL ST FORT MYERS, FL 33919 US		Mailing Address C/O HENKE PROPERTY MGMT 6213-A PRESIDENTIAL ST FORT MYERS, FL 33919 US	
2. Principal Place of Business 6238 Presidential CT Suite, Apt. #, etc. <u>Suite 1</u>		3. Mailing Address PO Box 60195 Suite, Apt. #, etc.	
City & State Ft Myers, FL Zip <u>33919</u> Country <u>US</u>		City & State Ft Myers, FL Zip <u>33906</u> Country <u>US</u>	
4. FEI Number 65-0063927		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENKE, CAROL J C/O HENKE PROPERTY MGT. INC. 6213 A PRESIDENTIAL CT FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name <u>Jonathan McPhaulin</u> Street Address (P.O. Box Number is Not Acceptable) <u>6238 Presidential CT</u> <u>Suite 1</u> City <u>Ft Myers</u> <u>FL</u> Zip Code <u>33919</u>	
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> <u>CAM</u> DATE <u>03/03/05</u> <small>Signature, typed or printed name of registered agent and fee if 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 GOULD, SID 13594 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"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KERR, BUCKLEY 13664 ADMIRAL COURT FORT MYERS, FL 33912	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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> DATE <u>03/25/05</u> DAYTIME PHONE # <u>239-633-4375</u>	