


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-30-2005 90035 041 ****61.25

DOCUMENT # N32322 1. Entity Name WILLIAMSBURG AT THE COLONY CONDOMINIUM 3 ASSOCIATION, INC.			
Principal Place of Business C/O HENKE PROPERTY MGT INC 6213-A PRESIDENTIAL CT FORT MYERS, FL 33919 US		Mailing Address C/O HENKE PROPERTY MGT 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 Country US		City & State FT Myers, FL Zip 33906 Country US	
4. FEI Number 65-0177629		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 Jonathan McLaughlin Street Address (P.O. Box Number is Not Acceptable) 6238 Presidential CT Suite Suite 1 City FT 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><i>[Signature]</i></u> A McLaughlin, CAM. DATE <u><i>03/03/05</i></u> <small>Signature, typed or printed name of registered agent and title 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 OD NAME ALTENBACH, BEATRICE STREET ADDRESS 13545 ADMIRAL CT CITY-ST-ZIP FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Howlett, Laraine STREET ADDRESS 13613 Admiral CT CITY-ST-ZIP FT Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME SWORNEY, ESTER STREET ADDRESS 13565 ADMIRAL COURT CITY-ST-ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE VP NAME Howlett, Laraine STREET ADDRESS 13613 Admiral CT CITY-ST-ZIP FT Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME KENT, RON STREET ADDRESS 13533 ADMIRAL CT. CITY-ST-ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE SIT NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete	TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete	TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<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>		Date <u><i>03/25/05</i></u> Daytime Phone # <u><i>739-633-4375</i></u>	