


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

04-27-2006 90161 047 ****61.25

DOCUMENT # N32322 1. Entity Name WILLIAMSBURG AT THE COLONY CONDOMINIUM 3 ASSOCIATION, INC.					
Principal Place of Business 6238 PRESIDENTIAL CT STE 1 FORT MYERS, FL 33919 US			Mailing Address PO BOX 60915 FORT MYERS, FL 33906 US		
2. Principal Place of Business Suite, Apt. #, etc. <i>P.O. Box 100</i>		3. Mailing Address Suite, Apt. #, etc. <i>P.O. Box 100</i>			
City & State <i>Saribel FL</i>		City & State <i>Saribel FL</i>		4. FEI Number 65-0177629	
Zip <i>33957</i>		Country <i>USA</i>		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 STE 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>Saribel FL 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 <i>[Signature]</i> 1-23-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P SWORNEY, ESTER <input type="checkbox"/> Delete 13565 ADMIRAL COURT FORT MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>VD</i> <i>Ron Kent</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>13533 Admiral Cnt</i> <i>Ft. Myers FL 33912</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KENT, RON <input type="checkbox"/> Delete 13533 ADMIRAL CT. FORT MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>STD</i> <i>LARINE Howlett</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>13613 Admiral Cnt</i> <i>Ft Myers FL 33912</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOWLETT, LARINE <input type="checkbox"/> Delete 13613 ADMIRAL CT FORT MYERS, FL 33912		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>Esther Sworney</i> 4-12-06 239 472-5020 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small>					

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