2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State
02-20-2002 90139 019 ****61.25

DOCUMENT # N95000000395

Entity Name

WILLIAM'S COURT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11 WILLIAM STREET EY WEST FL 33040	825 DUVAL ST KEY WEST FL 33040

EDITH ROLAND

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
WILLIAMS COURT HOMEOWNERS	730 PASSOVER LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
651 WILLIAMS ST	
City & State: Key West FL	City & State: KEY WEST, FL
Zip: 33040 Country: MONROE	Zip: 33040 Country: MONROE

4. FEI Number: 65-0577385 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARNEY, KIM P omit 825 DUVAL ST KEY WEST FL 33040	Name: EDITH ROLAND Street Address (P.O. Box Number is Not Acceptable): 730 PASSOVER LANE City: KEY WEST FL Zip Code: 33040

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.

SIGNATURE: Kim P. CARNEY Dr. [signature] PRESIDENT 2/4/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FITE, CAROLYN S sec. 651 WILLIAM ST. #3 D KEY WEST FL 33040 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAVERINI, SHEILA V.PRESTED 651 WILLIAM STREET, #1 D KEY WEST FL 33040 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARNEY, KIM 651 WILLIAM STREET, #2 omit KEY WEST FL 33040 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KERRY DARAL 651 WILLIAMS ST #2 omit KEY WEST FL 33040 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT ROALND, EDITH A 730 PASSOVER LANE D KEY WEST FL 33040 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED 2/4/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sheb Taverini 3/11/02 305-295-0932
VP