

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90023 039 ****61.25

DOCUMENT # N95000000395 1. Entity Name WILLIAM'S COURT HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business WILLIAMS COURT H.O.A. 651 WILLIAM ST. KEY WEST, FL 33040			Mailing Address C/O EDITH ROLAND 730 PASSOVER LANE KEY WEST, FL 33040		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address DIANA MyllyKangas Suite, Apt. #, etc. 651 William St. #3			
City & State Key West, FL		City & State Key West, FL		4. FEI Number 65-0577385	
Zip 33040		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROLAND, EDITH 730 PASSOVER LANE KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name DIANA MyllyKangas Street Address (P.O. Box Number is Not Acceptable) 651 William St #3 Key West City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Diana MyllyKangas</i></u> <u><i>Diana MyllyKangas</i></u> <u><i>8-26-05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> <small>DATE</small>					
Filing Fee is \$61.25 Due by September 7, 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	SD MYLLYKANDAS, DIANA M 651 WILLIAM ST, #3 KEY WEST, FL 33040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	#D Charles Kessinger 651 William St #1 Key West, FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIERWILER, KAY 16 DRANGS ST NEWBURYPORT, MA 01950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard + Marcia Weaver 19 Fife Rd Wellesley, Ma 02481	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROALND, EDITH A 730 PASSOVER LANE KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIANA M. MyllyKangas 651 William St #3 Key West, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kay Bierwiler 16 Orange St Newburyport, Ma 01950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kay Bierwiler 16 Orange St Newburyport, Ma 01950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<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>Diana MyllyKangas</i></u> <u><i>Diana MyllyKangas</i></u> <u><i>8-26-05</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					