

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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 US**

Mailing Address
**DIANA MYLLYKANGAS
651 WILLIAM STREET SUITE 3
KEY WEST, FL 33040 US**



01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**MYLLYKANGAS, DIANA
651 WILLIAM STREET
SUITE 3
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MYLLYKANDAS, DIANA M
STREET ADDRESS	651 WILLIAM ST, #3
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	DIERWILER, KAY
STREET ADDRESS	16 DRANGS ST
CITY-ST-ZIP	NEWBURYPORT, MA 01950
TITLE	D
NAME	KESSINGER, CHARLES
STREET ADDRESS	651 WILLIAM STREET SUITE 1
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	BIERWILER, KAY
STREET ADDRESS	16 ORANGE STREET
CITY-ST-ZIP	NEWBURYPORT, MA 01950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/12/07-80030-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-07

305-587-2794