

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000395

FILED  
Aug 23, 2009  
Secretary of State

**Entity Name:** WILLIAM'S COURT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

WILLIAMS COURT H.O.A.  
651 WILLIAM ST.  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0577385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MYLLYKANDAS, DIANA M  
Address: 651 WILLIAM ST, #3  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: DIERWILER, KAY  
Address: 16 DRANGS ST  
City-St-Zip: NEWBURYPORT, MA 01950

Title: D ( ) Delete  
Name: KESSINGER, CHARLES  
Address: 651 WILLIAM STREET SUITE 1  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: BIERWILER, KAY  
Address: 16 ORANGE STREET  
City-St-Zip: NEWBURYPORT, MA 01950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MYLLYKANGAS, DIANA M  
Address: 651 WILLIAM ST, #3  
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change ( ) Addition  
Name: BIERWILER, KAY  
Address: 16 ORANGE ST  
City-St-Zip: NEWBURYPORT, MA 01950

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WEAVER, MARCIA  
Address: 19 FIFE RD  
City-St-Zip: WELLESLEY, MA 02481

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA MYLLYKANGAS

D

08/23/2009

Electronic Signature of Signing Officer or Director

Date