2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006537

FILED Apr 27, 2005 Secretary of State

Entity Name: WEST WILLIAMSON PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4700 N 31ST COURT 43 FOXCROFT RUN

HOLLYWOOD, FL 33021 ORMOND BEACH, FL 32174

Current Mailing Address: New Mailing Address:

4700 N 31ST COURT 43 FOXCROFT RUN

HOLLYWOOD, FL 33021 ORMOND BEACH, FL 32174

FEI Number: 65-0796714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LEXOW, CLAUSSON P CROTTY, MICHAEL

4700 N 31ST COURT 1800 W. ÍNTERNATIONAL SPEEDWAY BLVD.

HOLLYWOOD, FL 33021 US SUITE 201

DAYTONA BEACH, FL 32114 US

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: MICHAEL CROTTY 04/27/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PTD (X) Change () Addition

 Name:
 LEXOW, CLAUSSON P
 Name:
 DISALVO, STEPHEN

 Address:
 4700 N 31ST COURT
 Address:
 43 FOXCROFT RUN

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:
 ORMOND BEACH, FL 32174

Title: STD () Delete Title: SD (X) Change () Addition

Name: FREEMAN, PAUL H Name: DAME, JOHN

Address: 1840 W. 49TY STREET SUITE 410 Address: 116 SPRINGWOOD DRIVE City-St-Zip: HIALEAH, FL 33012 City-St-Zip: DAYTONA BEACH, FL 32119

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 SISLER, GARY
 Name:
 BUI, CHRISTOPHER

 Address:
 2600 DOUGLAS ROAD # 901
 Address:
 49 COQUINA RIDGE WAY

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:
 ORMOND BEACH, FL 32174

Title: () Delete Title: D () Change (X) Addition

Name: Name: BUI, BICHNGA

Address: Address: 49 COQUINA RIDGE WAY
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHEN DISALVO P 04/27/2005