

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG -2 AM 9:40

DOCUMENT #	N 44987-
1. Corporation Name	Gardens Williamsburg Home Owners Assoc.
Principal Place of Business	8430 Williamsburg Cr. Pensacola, FL 32514
Mailing Address	Same

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 8430 Williamsburg Cr.	26 Same	1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	060-34-4865
City & State	City & State	5. Certificate of Status Desired
23 Pens, FL	28 Same	700 \$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing
24 32514	29 Same	700 \$5.00 May Be Added to Fees
Country	Country	
25 USA	30 USA	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Cathy Cagle	81 Name Cathy Cagle
8420 Williamsburg Cr.	82 Street Address (P.O. Box Number is Not Acceptable)
Pens. FL 32514	83 Same
	84 City
	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Cathy Cagle Treasurer Cathy Cagle 5-12-99

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1.1 TITLE D
NAME	1.2 NAME President
STREET ADDRESS	1.3 STREET ADDRESS Matthew Bennett
CITY-ST-ZIP	1.4 CITY-ST-ZIP 8403 Williamsburg Cr. 32514
TITLE	2.1 TITLE D
NAME	2.2 NAME Vice President
STREET ADDRESS	2.3 STREET ADDRESS Dot Atwood
CITY-ST-ZIP	2.4 CITY-ST-ZIP 8409 Williamsburg Cr. 32514
TITLE	3.1 TITLE D
NAME	3.2 NAME Cathy Cagle, Treasurer
STREET ADDRESS	3.3 STREET ADDRESS 8420 Williamsburg Cr.
CITY-ST-ZIP	3.4 CITY-ST-ZIP Pens FL 32514
TITLE	4.1 TITLE ST
NAME	4.2 NAME Board member
STREET ADDRESS	4.3 STREET ADDRESS Patti Hancock
CITY-ST-ZIP	4.4 CITY-ST-ZIP 8405 Williamsburg 32514
TITLE	5.1 TITLE D
NAME	5.2 NAME Board member
STREET ADDRESS	5.3 STREET ADDRESS Charles Spatch
CITY-ST-ZIP	5.4 CITY-ST-ZIP 8415 Williamsburg Cr. 32514
TITLE	6.1 TITLE
NAME	6.2 NAME Board member
STREET ADDRESS	6.3 STREET ADDRESS Richard Dore
CITY-ST-ZIP	6.4 CITY-ST-ZIP 1300 # Dickens Rd. 32561

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAGIE CATHY Cathy Cagle 5-12-99 850-477-3481

CR2E037 (11/98)